



Application for Central Hawke's Bay Retirement Housing

1. Please complete all questions on the application form.
2. If you require support to complete the application form, please see the **reference page** for organisations.
3. Attach documents listed on **reference page** of the application form
4. Submit your completed application and supporting documents to us by

Email:

customerservice@chbdc.govt.nz

Post:

Central Hawke's Bay District Council
28-32 Ruataniwha Street, Waipawa 4210

By Hand:

Central Hawke's Bay District Council
28-32 Ruataniwha Street, Waipawa 4210

Your application will be assessed for eligibility by the Housing team. If you are eligible, you will be invited to an interview where your housing needs will be assessed. You are welcome to bring a support person or interpreter.

To be eligible for a home, applicants must meet all of the criteria below:

• **Housing need:**

Your housing need must be current and not a possible future need.

• **Residency:**

Be a New Zealand citizen, or permanent resident, and have resided in Central Hawke's Bay district for at least three years, unless there are extenuating circumstances.

• **Age & Financial:**

Be qualifying age for New Zealand Superannuation at the time of application; or
Have income and assets under the Category A thresholds (as of 2021 approximately \$33,000 (single) and \$55,000 (couple)).

Applicants must not own a whole or part share in any real estate property.

• **Live Independently:**

Able to live independently within an intensive housing environment. This means that you are able to look after yourself or engage and/or manage any support services that you might require, and contribute constructively to harmonious community life within a residential village.

Please note:

Only applications that have been **completed in full, with all the correct supporting documents**, will be received. Any part applications will be returned to you to be completed.

Every year it is your responsibility to advise the Central Hawke's Bay District Council Housing team of any changes to your application. If requested documentation is not supplied within one month, or we are unable to contact you, your application will be cancelled.

Application for Central Hawke's Bay Retirement Housing

We will require documented proof you are a New Zealand Citizen or have permanent residency.

See reference page for acceptable forms of identification

Applicant 1 - Main Applicant

First or given name(s):

Last or family name:

Please specify any other names used or known by:

Date of birth:

Email address:

Mobile number:

Preferred method of contact: Mobile Email

Are you a NZ Citizen **or** Permanent Resident

How many years have you lived in Central Hawke's Bay?

If you do not currently live in Central Hawke's Bay, what is the reason for your application?

Have you lived in a Central Hawke's Bay Council flat before? Yes No

If yes, please provide details and year:

Health Details

Are you sufficiently active to care for yourself?

If no, who would take care of you?

Name:

Phone:

Email:

Relationship to you:

Are you mobile? Yes Wheelchair Restricted Mobility
 Walking Aid

Do you have sensory restrictions? Hearing Impaired Visually Impaired

Do you have communication restrictions? Yes No

Impaired Non-verbal English 2nd Language

Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required to be disclosed

Please give details of any other permanent health details we should be aware of:

Do you smoke? No Yes - see Smokefree policy (attached)

Doctor's Name: _____ Phone: _____

Convictions

Do you have any previous, current or pending criminal convictions? Yes No

If you answered yes, please provide details - date and conviction details:

Do you agree to a police check if required? Yes No

Signature: _____

Applicant 2

First or given name(s): _____

Last or family name: _____

Please specify any other names used or known by: _____

Date of birth: _____

Email address: _____

Mobile number: _____

Preferred method of contact: Mobile Email

Are you a NZ Citizen **or a** Permanent Resident

How many years have you lived in Central Hawke's Bay?

If you do not currently live in Central Hawke's Bay, what is the reason for your application?

Have you lived in a Central Hawke's Bay Council flat before? Yes No

If yes, please provide details and year:

Health Details

Are you sufficiently active to care for yourself?

If no, who would take care of you?

Name: _____ Phone: _____

Email: _____ Relationship to you: _____

| | |
|---|--------|
| Are you mobile? <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair <input type="checkbox"/> Restricted Mobility <input type="checkbox"/> Walking Aid | |
| Do you have sensory restrictions? <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired | |
| Do you have communication restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Impaired <input type="checkbox"/> Non-verbal <input type="checkbox"/> English 2 nd Language | |
| Please give details of any other permanent health details we should be aware of: | |
| Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Doctors Name: | Phone: |

Convictions

| | |
|---|--|
| Do you have any previous, current or pending criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you answered yes, please provide details - date and conviction details: | |
| | |
| | |
| Do you agree to a police check if required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature: | |

Vehicles

| | |
|---|--|
| <input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Mobility Scooter | |
| Vehicle registration number: | |

Pets

| | |
|--|--|
| Please tick what kind of pet you have? | |
| <input type="checkbox"/> Dog / how many? | <input type="checkbox"/> Cat / how many? |
| <input type="checkbox"/> Bird / how many? | <input type="checkbox"/> Other / how many? |
| Name: | Approx Age: |
| Breed: | Colour: |
| Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Registered (dogs only): <input type="checkbox"/> Yes <input type="checkbox"/> No | Registration #: |
| Registration #: | |

Please note:
Not all flats come with an allocated car park

Please note:
Pets are only permitted at the discretion of the housing team

To be eligible for a home, applicants must not own a whole or part share in any real estate property

'Property' includes a house, flat, land or commercial

Current Accommodation

| | |
|---|-----------|
| What best describes your current accommodation (i.e. renting/boarding, staying with friends/family?) | |
| | |
| How long have you been residing at this address? | |
| Current Address: | |
| | |
| | Postcode: |
| How many bedrooms: | |
| How many people reside at this address: | |
| Do you have any stakes in real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, you ARE NOT ELIGIBLE for CHBDC Community Housing | |
| Have you or your spouse/partner sold any property in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes please give details: | |
| | |

Contact Details for your Landlord

| | |
|--|---------|
| Name: | |
| Address: | |
| | |
| Phone: | Mobile: |
| Are you related to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

See reference page for income and Asset thresholds and required supporting documentation

| Assets | Applicant 1 | Applicant 2 | Total |
|---|--------------------|--------------------|--------------|
| Cash in hand | \$ | \$ | \$ |
| Cash in the bank savings account | \$ | \$ | \$ |
| Bonus Bonds, securities, Government stock, Kiwisaver | \$ | \$ | \$ |
| Shares in public listed & private companies (incl. family businesses) | \$ | \$ | \$ |
| Loans to other people | \$ | \$ | \$ |
| Investments in property (eg holiday homes, rental property) Specify any assets that you have sold, transferred or otherwise disposed of, to a trust in the last 15 years | \$ | \$ | \$ |
| Any other investments | \$ | \$ | \$ |
| Are you the beneficiary (whether discretionary or fixed) of any trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', specify details of the trust assets and amount received | \$ | \$ | \$ |
| Vehicles that are not used as your usual means of transport i.e. Motorbike, boat, caravan or other vehicle(s) | \$ | \$ | \$ |
| Prepaid funeral expenses | \$ | \$ | \$ |
| Other (please specify) | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total Assets | \$ | \$ | \$ |

| Debt | Applicant 1 | Applicant 2 | Total |
|---|--------------------|--------------------|--------------|
| Hire purchase repayments or appliance rental (e.g. furniture, fridge) | \$ | \$ | \$ |
| Student Loan | \$ | \$ | \$ |
| Child Support payments | \$ | \$ | \$ |
| Work & Income and IRD debt repayments | \$ | \$ | \$ |
| Rent or board repayments | \$ | \$ | \$ |
| Other loan repayments (including from family/friends) | \$ | \$ | \$ |
| Other - specify (i.e. fines, medical expenses) | | | |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total debt repayment per month | \$ | \$ | \$ |

How are you managing this debt?*

| |
|--|
| |
| |
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| |
| |
| |

References please provide details for a previous landlord and a character reference who is not a relative.

Landlord reference

| |
|--------|
| Name: |
| Email: |
| Phone: |

* If you have debt you will need to produce a debt repayment plan before being offered a tenancy.

See reference page for places that offer this service

Your character reference must be someone who is not a relative

The people listed as your emergency contacts will be the point of contact for Council should there be any concerns about your wellbeing

Please provide two emergency contacts

| |
|----------------------------|
| Character reference |
| Name: |
| Relationship to you: |
| Phone: |
| Email: |

| |
|----------------------------------|
| Emergency Contact Details |
| Contact 1 |
| Name: |
| Address: |
| Mobile: |
| Email: |
| Relationship to you: |
| Contact 2 |
| Name: |
| Address: |
| Mobile: |
| Email: |
| Relationship to you: |

Declaration

I authorise Central Hawke's Bay District Council to obtain (and any agency to disclose) information about me for the purpose of assessing this application, my eligibility for housing, and any ongoing matters relating to my tenancy. The information includes, but is not limited to a credit, reference or Police check and medical, social and other financial details where applicable.

I declare that the information contained in this application is true and correct. I acknowledge Napier City Council's right to check the validity of the information supplied by me about my application and ongoing tenancy, including medical, social and financial details where applicable.

I understand that if the information provided is misleading or false, the application may be cancelled.

| | |
|--------------------------|-------|
| Applicant 1 Name: | |
| Signature | Date: |

| | |
|--------------------------|-------|
| Applicant 2 Name: | |
| Signature | Date: |

Please ensure all supporting documentation is included with this application before submitting to Council. Refer to Reference Page for required documentation.