



# GREAT LAKE TAUPŌ

Taupō District Council

- Please read carefully and complete fully
- An incomplete form may result in a delay in processing your application
- Return your completed application addressed as shown below
- An interview will be made once your application has been processed

## HOUSING FOR THE ELDERLY

### CRITERIA

- Only persons with assets below those stated are eligible to apply:  
Single - \$15,000.00      Couple - \$20,000.00  
(Car, furniture and personal effects not included)
- To qualify the applicant(s) must be the age of sixty-five (65) and be in receipt of a benefit such as Invalids, Widows, Transitional, Emergency or National Superannuation.
- Applications will only be accepted a year prior to turning the age of sixty-five (65) years
- NZ Residency qualifications also apply. Supporting documentation may be requested.
- The applicant(s) must not own, or have not sold any property in the last 5 years.
- At least one reference must be provided with application.

### INTERVIEW

The applicant(s) will be required to attend an interview with the Reserves Management and Property Officer. The applicant(s) may be required to provide supporting evidence of their circumstances at their interview.

### MEDICAL CERTIFICATE

The attached medical certificate must be completed by your Doctor and returned with your application.

### APPLICATION AND ENQUIRIES

Your contact phone number (or alternative contact phone number) \_\_\_\_\_

Please post the application back, addressed to:

Pensioner Housing  
Taupo District Council  
Private Bag 2005  
Taupo Mail Centre  
Taupo 3352

Telephone 07 376 0899

**ALL PARTS OF THIS FORM MUST  
BE COMPLETED**

**APPLICANT DETAILS**

Mr / Mrs / Ms / Miss (please circle one)

Name \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Are these premises rented? YES  NO

References provided from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT OF KIN**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

(eg daughter, son, brother, sister, friend, other)

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

(Someone you nominate to look after your affairs in case of an emergency)

Social Welfare Number \_\_\_\_\_

Please state asset \_\_\_\_\_

Savings \$ \_\_\_\_\_

INCOME	APPLICANT 1	APPLICANT 2
Salary/Wages fortnightly (nett)	\$	\$
Type of Benefit (Nat.Super/Widows etc)		
Amount of Benefit fortnightly (nett)	\$	\$
Other Income fortnightly (nett)	\$	\$
Approx total income per fortnight	\$	\$

Please supply supporting documents (eg Bank Statements) \_\_\_\_\_

Solicitor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Do you own any property or have you sold any property in the last 5 years? If yes, please supply supporting documentation.

YES  NO

\_\_\_\_\_

(A request may be made for further information at your interview)

Do you own any other assets apart from a vehicle, household furniture and effects? If yes, please give details of approximate value etc.

YES  NO

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT – THE PRIVACY ACT 1993**

***Taupo District Council undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 1993.***

***The information may only be used to assess your eligibility for Taupo District Council Pensioner Housing, for administrative purposes and in emergency situations.***

***I agree that this information can be used by Taupo District Council for the above purposes.***

**SIGNED** \_\_\_\_\_ **DATED** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATED** \_\_\_\_\_

**CONFIDENTIAL MEDICAL CERTIFICATE**  
**TO BE COMPLETED BY YOUR DOCTOR**  
**PATIENT DETAILS**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMMENT ON:**

Physical and mental condition and ability to cope with living on his/her own

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suitability for high density living (Need to ensure placement would not lead to disturbance or friction with other tenants - May include heavy drinking, violent or threatening behaviour towards others)

\_\_\_\_\_

\_\_\_\_\_

Degree of mobility

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any condition that could affect this person's ability to live alone?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# STATUTORY DECLARATION

I/We \_\_\_\_\_ (print name)  
declare that the foregoing statement is true and correct in every particular and I/we make this  
solemn declaration conscientiously believing the same to be true and by virtue of the Oaths  
and Declarations Act 1957.

Declared at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Before me

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

***A Solicitor of the High Court of New Zealand  
A Justice of the Peace in and for New Zealand  
An Officer in the Service of the Crown duly authorised to take Statutory Declarations***

**Please note:** Each page must be initialed in the bottom right hand corner by both applicant  
and witness.

## CHECKLIST (PLEASE TICK)

1. Have you completed all the relevant sections?
2. Have you signed the agreement?
3. Have you signed the Statutory Declaration in front of a duly authorised person?
4. Have you included the confidential medical certificate completed by your usual doctor for  
both yourself and your partner?

Applicant 1   
Applicant 2