

- **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)
- The applicant must have reached sixty (60) years of age and be in receipt of a benefit such as Invalids, Widows, Transitional, Emergency or National Superannuation.
- NZ Residency qualifications also apply. Supporting documentation may be requested.
- The applicant 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 will be required to attend an interview with the Team Leader, Mangakino. The applicant 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:

Team Leader, Mangakino
Taupo District Council
Private Bag 2005
Taupo Mail Centre
Taupo 3352

Telephone 07 882 8700

**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 _____

Current Address _____

Telephone # _____

How long have you lived here? _____

Are these premises rented? YES NO

References provided from _____

NEXT OF KIN

Name _____

Address _____

Telephone # Work _____ Home _____

Relationship _____
(e.g. daughter, son, brother, sister, friend, other)

EMERGENCY CONTACT

Name _____

Address _____

Telephone # Work _____ Home _____

Relationship _____
(someone you nominate to look after your affairs in case of an emergency)

FINANCIAL STATUS

Are you presently employed? YES NO

If yes, where? _____

How long have you been at your present place of employment? _____

Or are you on a benefit? YES NO

If yes, what kind? _____

Social Welfare # _____

Please state your assets:

Please state your savings: \$ _____

INCOME	APPLICANT
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 e.g. bank statements

Solicitor _____ Phone # _____

Address _____

Do you own any property or have you sold any property in the last 5 years?

YES NO

If yes, please supply supporting documentation. 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?

YES NO

If yes, please give details of approximate value etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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** _____

CONFIDENTIAL MEDICAL CERTIFICATE
TO BE COMPLETED BY YOUR DOCTOR
PATIENT DETAILS

Name _____ DOB _____

Current Address _____

PLEASE COMMENT ON:

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

Suitability for high density living:

(TDC 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 _____ (print name)
declare that the foregoing statement is true and correct in every particular and I 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 _____

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?