SENIOR HOUSING APPLICATION FORM

Bodmin Flats, 182—184 Chapel Street Laurent Place Panama Village, 120 Ngaumutawa Road Truro Flats, 190 Chapel Street



PERSONAL INFORMATION

All information received is confidential.

Name: Date of birth:					
Age:					
Address:					
Email:					
Phone:					
Next of kin:					
Address:					
Email:					
Phone: Relationship:					
ACCOMODATION INFORMATION					
Do you have a location preference?					
Bedsitter unit One bedroom unit Double unit with one bedroom					
Please circle below, present accommodation: -					
Renting Boarding Other Length of tenancy					
If other, give details					
Is your rent paid up to date? Do you owe any rental arrears?					
Name of landlord					
Address					
Do you have any pets? (specify)					
SOURCE OF INCOME					
Are you in receipt of one or more of the following? (Delete those which do not apply)					
Supported living payment Widows benefit War pension National superannuation Job seeker Other pension (state)					

Number:
ASSETS
State your assets (excluding furniture and personal effects) for both husband and wife where applicable.
Do you or your spouse own any property? (specify)
Do you or your spouse have any interest in property? (specify)
Where is the property situated?
By whom is it occupied:
Have you or your spouse sold any property during the last five years?
Assets
Do you have any cash in the bank (give details)?
Do you have any investments (specify)?
Do you have any debts (specify)?
Do you have other assets (specify)?
References
Please provide full references from two people who can recommend you (not relatives).
Doctor's Certificate
Please provide a doctor's certificate stating your ability to live independently with or without limited support.
This application may be cancelled should you change your address and fail to notify the property division of the council.
Failure to disclose information requested in this application may also lead to its cancellation.
I/We declare that the information contained in this application is true and correct and acknowledge the right of the Masterton District Council to check the validity of the information supplied including medical information from my doctor or key worker if applicable. If misleading or false, this application will be cancelled.
Applicant's signature:
Witness' signature:
Date:
Date application received Flat allocated Flat allocated

TO MAKE APPLICATION

You can bring this completed form in to the council office, 161 Queen Street, Masterton between the hours of 9am and 4pm weekdays, or:

Post to: Paula Beasley

Masterton District Council

P O Box 444

Masterton 5840

Email: <u>paulab@mstn.govt.nz</u>

Any further enquiries please phone Paula Beasley on (06) 370 6300



PRIVACY ACT AUTHORITY

Masterton District Council 161 Queen Street PO Box 444 Masterton 5840 06 370 6300 www.mstn .govt.nz

Na	me:					
Ado	dress:					
••••						
Em	ail:					
I/V	Ve authorise Masterton District Council					
a.	To obtain (and any agency to disclose) a Credit Reference Check, and					
b.	To disclose credit agency details of any indebtedness to Masterton District Council					
C.	For Work and Income New Zealand to provide Masterton District Council upon request, your forwarding address upon vacation of a Masterton District Council property.					
Sig	nature of applicant Date /					
Pri	Print Name					
Sig	nature of joint applicant					
Pri	nt name					



SENIOR HOUSING RENTALS – PER WEEK

Until 30 June 2024

NAME OF COMPLEX	TYPE OF UNIT	WEEKLY RENTAL
Panama Village Ngaumutawa Road	Bed sitter	\$108.00
	One bedroom	\$115.00
	One bedroom - double	\$121.00
Laurent Place	Bed sitter	\$104.00
	One bedroom	\$112.00
	One bedroom - double	\$122.00
Bodmin – Chapel Street	Bed sitter	\$104.00
Truro – Chapel Street North side	One bedroom	\$112.00
	Limited number of garages	\$15.00
	Small shed	N/C

Please note:

To take up tenancy with the Masterton District Council the equivalent of 4 weeks rental is required at the commencement of the tenancy.

Rent 2 weeks rent – first week and one week in advance

Bond 2 weeks rent

