



19 KITCHENER STREET
MARTINBOROUGH 5711

APPLICATION FOR A PENSIONER FLAT

The information you provide is for the purpose of applying for this tenancy only and may be used for a credit and reference check. Your privacy is protected under the Privacy Act 1993.

PERSONAL INFORMATION

Applicant Name: Mr / Mrs / Miss / Ms _____

Date of Birth: ____ / ____ / ____ Age: _____

Applicant Name:
(if a couple) Mr / Mrs / Miss / Ms _____

Date of Birth: ____ / ____ / ____ Age: _____

Current Address: _____

Telephone: () _____ Mobile: _____

Email: _____

Next of Kin: _____

Address: _____

Telephone: _____ Relationship: _____

CURRENT ACCOMMODATION

Current Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone No: _____

Current Rental: \$ _____ weekly

Time at current address: _____

ACCOMMODATION REQUEST

Why are you applying for Council accommodation?

Preferred Location:
(circle all that apply, indicate preference)

Martinborough / Featherston / Greytown

Do you have any pets?

Yes / No

If yes, provide details.

When/How long have you lived in South Wairarapa?

Do you have any immediate family living in South Wairarapa?

Yes / No

If yes, who and for how long?

Any other connections with South Wairarapa?

Have you rented accommodation from the South Wairarapa District Council in the past?

Yes / No

If yes, why did you leave?

Citizenship:

NZ Citizen / NZ Permanent Resident / Other (specify)

Nationality:

INDEPENDENT LIVING

Do you have any existing medical conditions or disabilities?
(a medical certificate may be requested)

Do you receive support from anyone else to help you live independently?

Yes / No

If yes, please detail:

Council flats are smoke free. Are you a smoker?

Yes / No

SOURCE OF INCOME

Do you receive one or more of the NZ Superannuation / Invalids Benefit / Other (specify) following? _____

Occupation (if applicable): _____

Do you, your partner, own any house/property? Yes / No
If yes, please detail: _____

Are you the beneficiary of an asset or property owning Trust? Yes / No
If yes, please detail: _____

Total annual income: \$ _____
✓ including superannuation, salary/wages, investment income, etc

Total assets: \$ _____
✓ including cash in bank, shares and bonds, property investments
* excluding car and personal furniture

PERSONAL REFERENCES

Please obtain and attach personal references from two prominent citizens (not relatives) in your home district.

DECLARATION

I / We declare that the information contained in this application is true and correct and acknowledge the right of the South Wairarapa 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.

Applicants Signature: _____ Date: ____ / ____ / ____

Applicants Signature: _____ Date: ____ / ____ / ____

Tenancy Details	(Council use only)
Reference Check: (including comments)	_____
Tenancy Address:	_____
Tenancy Start Date: / /	Bond Paid: Yes / No