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| **CENTRAL HAWKES BAY DISTRICT COUNCIL**  **APPLICATION FOR A RETIREMENT FLAT** |  |

**FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_**

**Minimum age 60 years**

**PRESENT ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARRIED OR SINGLE:** [delete one] **CONTACT** **PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE REASONS FOR REQUIRING A FLAT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DO YOU PRESENTLY OWN A DWELLING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU RENTED A DWELLING IN THE LAST FIVE YEARS? IF SO PLEASE SUPPLY NAME AND ADDRESS OF YOUR LAST TWO LANDLORDS WITH THE UNDERSTANDING WE WILL BE CONTACTING THEM FOR A REFERENCE.**

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**WHERE DO YOU REQUIRE A FLAT?: WAIPUKURAU / WAIPAWA / EITHER IS OK**

**IN CASE OF SICKNESS ETC, PLEASE STATE NAME OF PERSON TO CONTACT:**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE NO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RENT PAYMENTS:** Are required to be made by direct debit, no other form of payment is accepted.

**SMOKING:** No smoking is allowed inside the flats.

**PETS:** All pets must be approved by Council prior to moving in.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE DATE**

**DECLARATION**

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Description)

Solemnly and sincerely declare that the statements below are to the best of my knowledge true and correct in every particular.

1. **My total income is:** **per month**

Social Security Benefit [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] $\_\_\_\_\_\_\_\_\_\_\_\_

[Nature of Benefit]

Interest $\_\_\_\_\_\_\_\_\_\_\_\_

Other Income $\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Income $ ============

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND** I made this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act, 1957.

Declared this at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_this\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20

before me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justice of the Peace [signature of Declarer]

or Solicitor of the Supreme Court

or Officer authorised to take Statutory Declarations.

**PLEASE ATTACH TO THIS APPLICATION** **FORM**

1. Two references, (Previous landlords, if not available character references)
2. A letter from your doctor as to your suitability to occupy a flat and live independently.

PRIVACY ACT

The information provided on this form will be used to assess your pensioner flat application. Staff having direct access to this information is the Utilities Department of Council. The information requested is not required by law, however if insufficient information is given this may affect our ability to process your application. Under the Privacy Act 1993, you have a right of access to personal information about you held by the Central Hawke’s Bay District Council and you are entitled to request information about you to be corrected.