



# Application for Central Hawke's Bay Retirement Housing

1. Please complete all questions on the application form.
2. If you require support to complete the application form, Age Concern Hawke's Bay may be able to help - 15 Ruataniwha Street, Waipukurau (**06 858 9158**)
3. Attach documents listed on **reference page** of the application form.
4. Submit your completed application and supporting documents to us by:

**Email:** customerservice@chbdc.govt.nz  
or

**Post or By Hand:**

Central Hawke's Bay District Council  
28-32 Ruataniwha Street, Waipawa 4210

Your application will be assessed for eligibility by the Housing team. If you are eligible, you will be invited to an interview where your housing needs will be assessed. You are welcome to bring a support person or interpreter.

**To be eligible for a home, applicants must meet all of the criteria below:**

- **Housing need:**  
Your housing need must be current and not a possible future need.
- **Residency:**  
Be a New Zealand citizen, or permanent resident, and have resided in Central Hawke's Bay district for at least three years, unless there are extenuating circumstances.
- **Age & Financial:**  
Be qualifying age for New Zealand Superannuation at the time of application; and either hold a Community Services Card; or Have income and assets under the Category A thresholds (as of 2021 approximately \$33,000 (single) and \$55,000 (couple)).

**Applicants must not own a whole or part share in any real estate property.**

- **Live Independently:**  
Able to live independently within an intensive housing environment. This means that you are able to look after yourself or engage and/or manage any support services that you might require, and contribute constructively to harmonious community life within a residential village.

**Please note:**

Only applications that have been **completed in full, with all the correct supporting documents**, will be received. Any part applications will be returned to you to be completed.

It is your responsibility to advise the Central Hawke's Bay District Council Housing team of any changes to your application. If requested documentation is not supplied within one month, or we are unable to contact you, your application will be cancelled.

# Application for Central Hawke's Bay Retirement Housing

We will require documented proof you are a New Zealand Citizen or have permanent residency.

See reference page for acceptable forms of identification

## Applicant 1 - Main Applicant

First or given name(s):	
Last or family name:	
Please specify any other names used or known by:	
Date of birth:	
Email address:	
Mobile number:	
Preferred method of contact: <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
Are you a <input type="checkbox"/> NZ Citizen <b>or</b> <input type="checkbox"/> Permanent Resident	
How many years have you lived in Central Hawke's Bay?	
If you do not currently live in Central Hawke's Bay, what is the reason for your application?	
Have you lived in a Central Hawke's Bay Council flat before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details and year:	

## Health Details

Are you sufficiently active to care for yourself?	
If no, who would take care of you?	
Name:	Phone:
Email:	Relationship to you:
Are you mobile? <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair <input type="checkbox"/> Restricted Mobility <input type="checkbox"/> Walking Aid	
Do you have sensory restrictions? <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	
Do you have communication restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Impaired <input type="checkbox"/> Non-verbal <input type="checkbox"/> English 2 <sup>nd</sup> Language	

Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required to be disclosed

Please give details of any other permanent health details we should be aware of:

Do you smoke?  No  Yes - see Smokefree policy (attached)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Convictions**

Do you have any previous, current or pending criminal convictions?  Yes  No

If you answered yes, please provide details - date and conviction details:

\_\_\_\_\_

\_\_\_\_\_

Do you agree to a police check if required?  Yes  No

Signature: \_\_\_\_\_

**Applicant 2**

First or given name(s): \_\_\_\_\_

Last or family name: \_\_\_\_\_

Please specify any other names used or known by: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Preferred method of contact:  Mobile  Email

Are you a  NZ Citizen **or a**  Permanent Resident

How many years have you lived in Central Hawke's Bay?

If you do not currently live in Central Hawke's Bay, what is the reason for your application?

\_\_\_\_\_

Have you lived in a Central Hawke's Bay Council flat before?  Yes  No

If yes, please provide details and year:

\_\_\_\_\_

**Health Details**

Are you sufficiently active to care for yourself?

If no, who would take care of you?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Are you mobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Restricted Mobility	<input type="checkbox"/> Walking Aid
Do you have sensory restrictions?	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired			
Do you have communication restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Impaired <input type="checkbox"/> Non-verbal <input type="checkbox"/> English 2 <sup>nd</sup> Language			
Please give details of any other permanent health details we should be aware of:				
Do you smoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Doctors Name:				Phone:

### Convictions

Do you have any previous, current or pending criminal convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please provide details - date and conviction details:		
Do you agree to a police check if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature:		

### Vehicles

<input type="checkbox"/> Car	<input type="checkbox"/> Motorbike	<input type="checkbox"/> Mobility Scooter
Vehicle registration number:		

### Pets

Please tick what kind of pet you have?	
<input type="checkbox"/> Dog / how many?	<input type="checkbox"/> Cat / how many?
<input type="checkbox"/> Bird / how many?	<input type="checkbox"/> Other / how many?
Name:	Approx Age:
Breed:	Colour:
Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered (dogs only): <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration #:
Registration #:	

**Please note:**  
Not all flats come with an allocated car park

**Please note:**  
Pets are only permitted at the discretion of the housing team

To be eligible for a home, applicants must not own a whole or part share in any real estate property

'Property' includes a house, flat, land or commercial

### Current Accommodation

What best describes your current accommodation (i.e. renting/boarding, staying with friends/family?)	
How long have you been residing at this address?	
Current Address:	
	Postcode:
How many bedrooms:	
How many people reside at this address:	
Do you have any stakes in real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, you ARE NOT ELIGIBLE for CHBDC Community Housing</b>	
Have you or your spouse/partner sold any property in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please give details:	

### Contact Details for your Landlord

Name:	
Address:	
Phone:	Mobile:
Are you related to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

See reference page for income and Asset thresholds and required supporting documentation

'Wages' includes employment (self-employment and secondary employment), and bonuses; excludes family benefit and overtime.

You may find it useful to attach a work and income payment summary itemising your payments

**Income**

**Applicant 1**  
per week  
after tax

**Applicant 2**  
per week  
after tax

**Wages** (including self-employment)

Wages for a ____ hour week	\$	\$
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**Benefit**

Work & Income weekly payment (excluding disability allowance and accommodation supplement)	\$	\$
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Super  Benefit

Work and Income client number

Benefit Type

Other allowances (i.e. disability allowance or accommodation supplement)	\$	\$
	\$	\$
	\$	\$

Any other income - give details

	\$	\$
	\$	\$
	\$	\$

<b>Total Weekly Income</b>	<b>\$</b>	<b>\$</b>
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<b>Applicant 1</b>	Employer:	Phone:
<b>Applicant 2</b>	Employer:	Phone:
<b>Applicant 3</b>	Employer:	Phone:

See reference page for income and Asset thresholds and required supporting documentation

<b>Assets</b>	<b>Applicant 1</b>	<b>Applicant 2</b>	<b>Total</b>
Cash in hand	\$	\$	\$
Cash in the bank savings account	\$	\$	\$
Bonus Bonds, securities, Government stock, Kiwisaver	\$	\$	\$
Shares in public listed & private companies (incl. family businesses)	\$	\$	\$
Loans to other people	\$	\$	\$
Investments in property (eg holiday homes, rental property) Specify any assets that you have sold, transferred or otherwise disposed of, to a trust in the last 15 years	\$	\$	\$
Any other investments	\$	\$	\$
Are you the beneficiary (whether discretionary or fixed) of any trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', specify details of the trust assets and amount received	\$	\$	\$
Vehicles that are not used as your usual means of transport i.e. Motorbike, boat, caravan or other vehicle(s)	\$	\$	\$
Prepaid funeral expenses	\$	\$	\$
Other (please specify)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Debt</b>	<b>Applicant 1</b>	<b>Applicant 2</b>	<b>Total</b>
Hire purchase repayments or appliance rental (e.g. furniture, fridge)	\$	\$	\$
Student Loan	\$	\$	\$
Child Support payments	\$	\$	\$
Work & Income and IRD debt repayments	\$	\$	\$
Rent or board repayments	\$	\$	\$
Other loan repayments (including from family/friends)	\$	\$	\$
<b>Other - specify</b> (i.e. fines, medical expenses)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total debt repayment per month</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**How are you managing this debt?\***


**References** please provide details for a previous landlord and a character reference who is not a relative.

**Landlord reference**

Name:
Email:
Phone:

\* If you have debt you will need to produce a debt repayment plan before being offered a tenancy.

See reference page for places that offer this service



Your character reference must be someone who is not a relative

The people listed as your emergency contacts will be the point of contact for Council should there be any concerns about your wellbeing

Please provide two emergency contacts

<b>Character reference</b>
Name:
Relationship to you:
Phone:
Email:

<b>Emergency Contact Details</b>
<b>Contact 1</b>
Name:
Address:
Mobile:
Email:
Relationship to you:
<b>Contact 2</b>
Name:
Address:
Mobile:
Email:
Relationship to you:

## Declaration

I authorise Central Hawke's Bay District Council to obtain (and any agency to disclose) information about me for the purpose of assessing this application, my eligibility for housing, and any ongoing matters relating to my tenancy. The information includes, but is not limited to a credit, reference or Police check and medical, social and other financial details where applicable.

Your application form and any accompanying personal information will be treated in accordance with the Privacy Act 2020

I confirm the information provided by me in this form is true and correct and I understand that if the information I have provided is false or misleading, my application may be cancelled.

<b>Applicant 1 Name:</b>	
Signature	Date:

<b>Applicant 2 Name:</b>	
Signature	Date:

**Please ensure all supporting documentation is included with this application before submitting to Council. Refer to Reference Page for required documentation.**

# Reference Page

## Application for Central Hawke's Bay Retirement Housing

### Accepted forms of identification (photo ID is preferred)

- Driver's license
- Passport or
- Birth certificate

### Documentation checklist

#### Please ensure you include the following documents with your application:

- Fully completed application form
- Photo identification
- Independent Living Form
- Your most recent 3 months of full bank statement (all accounts)
- Proof of income:  
*Statement of weekly or fortnightly earnings such as current salary/wage slip,*  
*or,*  
*Inland Revenue Summary of Annual Income (if in casual or seasonal work),*  
*and/or,*  
*Work and Income summary if benefit payments.*
- Confirmation of assets, rate payments, Family Trust documents, property settlement account and documents (if applicable).

#### Please note:

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Every year it is your responsibility to advise the Central Hawke's Bay District Council Housing team of any changes to your application. If requested documentation is not supplied within one month, or we are unable to contact you, your application will be cancelled.