



## APPLICATION FOR HOUSING FOR OLDER PERSONS ON THE KĀPITI COAST

### **PLEASE NOTE**

1. To qualify for Housing in Kāpiti accommodation the applicant must:
  - Have attained the age of 55+ years
  - Be in receipt of an age, national superannuation, war pension or invalid's benefit
  - Have a housing need
  - Not be in full time employment
  - Be within the Kāpiti Coast District Council asset barrier
2. As part of your application we may require a personal interview
3. **APPLICANTS WHO OWN LAND OR RESIDENCES MAY NOT QUALIFY FOR HOUSING IN KĀPITI**
4. Please be aware that the Kāpiti Coast District Council does not permit domestic animals in their housing units

**Confidentiality:** All information supplied in this application will be treated in strict confidence.

**Enquiries:** If further information is required please contact:  
Melodie Groube (04) 296 4793 or Ken Price (04) 296 4872

# APPLICATION FOR HOUSING FOR OLDER PERSONS ON THE KĀPITI COAST

**PLEASE PRINT**

**APPLICANT**

(Where a married couple are applying both names must be given)

**Personal Details:**

Full Name: Mr/Mrs/Miss/Ms

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: Mr/Mrs/Miss/Ms

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Present Accommodation:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> House                   | <input type="checkbox"/> Rooms       |
| <input type="checkbox"/> Flat                    | <input type="checkbox"/> Caravan     |
| <input type="checkbox"/> Home unit               | <input type="checkbox"/> Boarding    |
| <input type="checkbox"/> Emergency Accommodation | <input type="checkbox"/> Other _____ |

Do you live alone? YES / NO

How long have you lived at your present address? \_\_\_\_\_

Are the premises rented YES / NO

If yes indicate range: \$80 - \$120   
\$121 - \$160   
Over \$160

DO YOU HAVE A CLOSE RELATIVE / FRIEND LIVING IN THE KĀPITI COAST? YES / NO

Relationship to Applicant: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

PREFERRED LOCATION: Please indicate preference i.e. 1<sup>st</sup>, 2<sup>nd</sup> etc

Paekākāriki                  Paraparaumu                  Waikanae                  Ōtaki

REASON FOR APPLICATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU ABLE TO LOOK AFTER YOURSELF?

Cooking meals                  YES / NO                  Housework                  YES / NO

Bath/Shower                  YES / NO                  Gardening                  YES / NO

If 'No' – please give details of supports you receive.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> District Nurse | <input type="checkbox"/> Day Care    |
| <input type="checkbox"/> Meals          | <input type="checkbox"/> Laundry     |
| <input type="checkbox"/> Home Help      | <input type="checkbox"/> Gardening   |
| <input type="checkbox"/> Personal Alarm | <input type="checkbox"/> Other _____ |

**REFEREES:** Please give the address and phone number of two people (not family) whom you would be happy for us to contact.

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

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**MEDICAL CERTIFICATE:**

A confidential Medical Certificate (attached) is to be completed by your regular Doctor and returned with this application.

**PRIVACY STATEMENT:**

This information is being collected in accordance with the Kāpiti Coast District Council policy to provide Housing for Older Persons in order to make decisions related to the allocation of, and subsequent accommodation in, Council's Older Persons Houses and will be used only for that purpose. Pursuant to the provision of the Privacy Act 1993 you have the right to have access to information held about you by the Assets & Services Division of the Kāpiti Coast District Council

**FINANCIAL DECLARATION:**

I/we hereby certify that my/our total assets, including cash, investments, house and property (excluding one vehicle and any household effects) do not exceed the Kāpiti Coast District Council asset barrier. 2009/2010 – Single person \$30,000 Couple \$36,000 (these figures are based on the CPI and adjusted annually)

**STATUTORY DECLARATION:** (To be completed by the applicant)

To be signed in the presence of a solicitor of the Supreme Court of New Zealand, a Justice of the Peace in and for New Zealand, or an officer in the service of the Crown duly authorised to take Statutory Declarations. The particulars supplied above are true and correct. I make this declaration conscientiously believing the same to be true.

I undertake that I have obtained the consent of the referees/contacts provided in this application.

DECLARED AT (place) \_\_\_\_\_ )  
 ) \_\_\_\_\_ (Signature)

this (date) \_\_\_\_\_ day of (month) \_\_\_\_\_ )

20 \_\_\_\_\_ )

before me \_\_\_\_\_ ) \_\_\_\_\_ (Signature)

**The successful applicants will be required to enter into a tenancy agreement with the Council.**

I/we give my/own consent

Occasionally Council staff dealing with Housing for Older Persons may need to contact family, doctors or health agencies on your behalf.

Under the Privacy Act 1993 we must have your signed consent.

I/we give my/our consent to the Council staff dealing with Housing for Older Persons to contact on my/our behalf, family or medical professionals should a need arise.

Signed: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

To be signed by both parties in the case of a joint tenancy

**HOUSING FOR OLDER PERSONS  
CONFIDENTIAL MEDICAL CERTIFICATE**

CLIENT NAME: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

**Past Medical Conditions**

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

**Present Medical Conditions**

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

**Past Psychiatric Conditions**

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

**Present Psychiatric Conditions:**

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

\* **Mobility:**

- |  |   |
|--|---|
| <input type="checkbox"/> Walking stick | <input type="checkbox"/> Wheelchair       |
| <input type="checkbox"/> Walking frame | <input type="checkbox"/> Mobility scooter |
| <input type="checkbox"/> Independent   |   |

\* **Support Services used to maintain independence:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> District Nurses | <input type="checkbox"/> Day Care  |
| <input type="checkbox"/> Meals           | <input type="checkbox"/> Laundry   |
| <input type="checkbox"/> Home Help       | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Personal Alarm  |                                    |

\* **Is there any reason why this person shouldn't live alone?**

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

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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Please return to:

Property Asset Manager  
Kāpiti Coast District Council  
Private Bag 60601  
Paraparaumu 5254