

APPLICATION FOR HOUSING

Updated November 2023

Once the application form is completed, please telephone the Council and make an appointment to come in and discuss your application with a Housing Officer.

If you need assistance to complete the form or you have some questions about the information required, simply telephone 211 1777 for help.

1. Applicants

Title	Surnam	е	First l	Names	Date o	of Birtl
(a)					1	1
(b)					1	1
Smoker Yes	/ No (circle) Pets (No dogs,		(circle) icy document,	cat, birds or	fish only)	
Current Addr	ess:					
Contact Phor	ne No.:					
Current Acco	mmodation					
Are You:	Renting		Boarding			
Or Living in (Own Home		Or in Emerg	ency Accomm	odation	
How much ren	ıt/board do you pay?	\$				
How long have	e you lived here?					
Do you have a	in existing Tenancy E	Bond? Ye	s / No (circle)			
Have you ever	received notice to v	acate?	Yes / No (d	circle)		
If "Yes", please	e supply the landlord	's <u>written</u>	notice.			
	ant to move?					

Net	Two-Weekly Income				
(a)	Social Welfare Benefit	\$			
(b)	Salary/Wages			Source:	
(c)	Total	\$			
Ass	ets and Liabilities <i>(Tota</i>	l for all App	olicants)		
(a)	Do you as an applicant property in New Zealan				se, flat or oth
	Yes / No (circle)				
	If "Yes" Address of Pro	perty:			
	Value of Your	Share:	\$		
	Total Value of	Property:			
	Is the Property	Mortgaged ⁴	? Yes /	No (circle)	
	If "Yes", what i	s the Princip	al Outstan	ding? \$	
(b)	Have you owned or ha including in a Trust? Yes / No (circle)		l interest i	n any property in the	last five yea
	If "Yes" Address of Pro	perty:			
	When was it so	old?	\$		
	What was the	sale price?	\$	·	
	Value of your s	share?	\$		
(c)	Please list and provide funeral account including				
	Bank Account/Investment total Balance				
	<u>\$</u>				
				_	

	(d) Do you have any Loans or Hire Purchase Agreements?
	Yes / No (circle)
	If "Yes", please list:
5.	New Zealand Residency
	Are you a New Zealand Citizen? Yes / No circle)
	If "No", are you permitted to reside in New Zealand permanently? Yes / No (circle)
	If you are NOT a New Zealand Citizen but ARE ALLOWED to reside in New Zealand permanently, please bring your immigration documents with you when you come for an interview.
6.	Doctors Practice
	Name:
7.	Support Agency Assistant
	Do you receive assistance from a support agency, e.g. Presbyterian Support Services, CCS, District Mental Health Team?
	Yes / No (circle)
	If "Yes", please give details—
	Name:
	Name:
	Name:
	Attach supporting medical letters and confirmation you are able to live alone.
8.	Next of Kin
	Name:
	Address:
	Telephone:

References

Yes/No

Please attach two written character references from two citizens other than relatives or alternatively the phone numbers to contact references.

Criminal Offences

Please indicate whether or not you have been convicted of any criminal offence or if you have any criminal charges pending. A criminal charge is one in which it is alleged that you have broken the law in some way.

Do not include traffic offences, other than drink driving, or convictions that are subject to Criminal Records (Clean Slate) Act 2004.

If yes please provide details:		

10. I/We consent to the Invercargill City Council making enquiries to verify the information in my application including police checks and credit checks and recognise that all enquiries will be conducted on a confidential basis and that Invercargill City Council has the right to maintain the confidentiality of this information.

11. Privacy Act – Disclosure and Consent

The information that you have supplied is being collected and will be held by Invercargill City Council of 101 Esk Street, Invercargill.

The information is being collected for the sole purpose of allowing your application to Invercargill City Council for housing to be assessed and progressed and will not be held for any longer than is necessary.

The Council may provide the information within this application to a reputable credit agency for the purpose of a credit check. By signing this application you consent to such a credit check being undertaken.

You are not obliged to provide all the information requested above but your application may be declined if you fail to provide any of the requested information.

You have the right to access the information provided in this application and if any of the information is incorrect you can request that the Council correct the information.

BOND

A minimum of two weeks bond is required which will be held by tenancy services

Declaration [to be completed	Apphound 3/J
I/We (full names)	
of (full address)	
_	
Nature of Occupations	
	ents made and all particulars contained in best of MY/OUR knowledge, information and ery particular.
(Signature of Decla	(Signature of Declarant)
This day of	This day of
20 before me	20 before me
Signature	
	Witness Name
Witness Name	
	Occupation
Occupation	
	Address
Address	
Proof of Identity e.g. Drive	nce/Passport/Super Gold Card

Checklist

Before making an appointment with the Housing Officer to discuss your application, please ensure:				
1.	You have completed the Application for Housing Form			
2.	You have two character references			
3.	You have accurately recorded your assets and earnings. This includes any investments and interest earned from investments and have statements/ payslips showing these			
4.	If you have health or disability issues you wish to have taken into account, do you have a support letter from a Health Professional or Social Services Professional confirming you are able to live alone?			
5.	If you have all of the above, you are now ready to phone 03 2111777 and make an appointment to see the Housing Officer.			
	Enter appointment details below:			
Date:_				
Day:_				
Time:_				
With:_	·			

Please note: The Housing Application is a Declaration and it is illegal to omit, or provide false, information.