



Coromandel  
Independent  
Living Trust

TE ROOPUU WHAIORA

## Pensioner Housing Application Form

### (1) APPLICANT DETAILS

1.a) Applicant Name(s):

*Surname*

*First Name(s)*

(1)

*Surname*

*First Name(s)*

(2)

1.b) Date of Birth:

(1)

(2)

1.c) Marital Status (*tick one*):

☐

Single

☐

Married

☐

De facto

1.d) Immigration Status (*tick one*):

☐

NZ Citizen

☐

NZ Resident

1.e) Contact Phone Number:

1.f) Contact Email:

(2)

1.g) Current Address:

*Street Address*

*Street Address Line 2*

*City / Town*

*Postcode*

1.h) Length of Residence in Coromandel:

## (2) PRESENT HOUSING CIRCUMSTANCES



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2.a) Do you rent your current premises?

☐ Yes (*go to section 2.ab*) ☐ No (*go to section 2.b*)

2.ab) Landlord Name:

*First Name(s) & Surname*

2.ac) Landlord Address:

*Street Address, City / Town, Postcode*

2.b) Present Type of Accommodation (*tick one*):

☐ House ☐ Bach ☐ Flat ☐ Bedsitter  
☐ Caravan ☐ Emergency Housing ☐ Garage

2.c) No. of bedrooms:

2.d) Do you live alone?:

☐ Yes (*go to section 2.e*) ☐ No

2.da) Do you live with family?:

☐ No ☐ Yes

2.db) How many people do you live with?:

2.e) Why are you leaving your current accommodation?:

2.f) Is your accommodation in poor condition?:

☐ Yes (*please circle what applies*) ☐ No

Small leaks   Cracks   Ill-fitting windows   Inadequate outdoor space, living space, etc.  
Holes in floor/ceiling   Dampness   Bad leaks   Inadequate plumbing facilities  
Inadequate/broken drains   Missing window panes   Too many people using facilities  
Roof leaking   Other: .....

### (3) HEALTH & INDEPENDENCE



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3.a) Does anyone assist you with daily tasks?

☐ Yes      ☐ No

3.b) Do you receive “Meals on Wheels”?

☐ Yes      ☐ No

3.c) Do you need more support?

☐ Yes (*go to section 3.ca*)      ☐ No (*go to section 3.d*)

3.ca) Please specify what support you may need:

3.d) Do you have problems getting to doctors or services from your current accomodation?

☐ Yes      ☐ No

3.e) Name of Doctor:

3.f) Next of Kin:

*First Name(s) & Surname*

*Contact Phone Number*

#### (4) INCOME & AFFORDABILITY

4.a) Do you receive National Supperannuation?

☐ Yes ☐ No

4.b) Do you receive income in addition to your benefit?

☐ Yes (*go to section 4.ba*) ☐ No (*go to section 4.c*)

4.ba) Please specify what income you receive in addition to your benefit:

4.c) Do you receive Accomodation Supplement?:

☐ Yes ☐ No

4.d) Do you receive Living Alone Allowance?:

☐ Yes ☐ No

4.e) Do you or your partner own any property or have any interest in any property?:

☐ Yes (*go to section 4.ea*) ☐ No (*go to section 4.f*)

4.ea) Address of owned property:

*Street Address*

*City / Town*

*Postcode*

4.eb) Do you receive rental income from this property?:

☐ Yes (*go to section 4.fa*) ☐ No (*go to section 4.f*)

4.ec) Please specify what income you receive from this property:

#### (4) INCOME & AFFORDABILITY



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4.f) Have you sold any house, farm property or land within the last five years?

☐ Yes (*see note below*)

☐ No

*Please provide us with papers showing what money you received. You can get these from your solicitor.*

4.g) Monthly Income:

4.h) Weekly Rent:

4.i) What assets do you have?:

*Cash in Hand*

*Cash in Bank*

*Motor Vehicle*

*Other Assets*

*Other Assets*

*Other Assets*

4.j) What liabilities do you have?:

*Owing on a motor vehicle*

*Owing on furniture*

*Other liabilities*

*Other liabilities*

*Other liabilities*

4.k) Is there anything else you would like to tell us about?:

## (5) DECLARATION

5.a) Are there any other reasons you need housing?:

5.b) Declaration:

I hereby certify and sincerely declare that the answers to the above questions are true and correct in every particular.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_

Date: \_\_\_\_\_

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