

# Kapanga Kaumātua Social Housing Application Form

CILT provides 14 pensioner flats conveniently located near the heart of Coromandel Town, just 200 metres from shops, healthcare, and social services. Seven of these flats are bedsits, acquired from the Thames-Coromandel District Council in 2008 with support from the Housing Innovation Fund. The remaining seven are one-bedroom, purpose-built units, completed by CILT in 2012. These flats offer safe and affordable housing for individuals aged 60 and over who have limited assets, low incomes, and can live independently.

To be eligible for entry into the Kaumātua Flats, the following criteria applies:

- Applicants must be aged over 60 years (*under unique circumstances the age criteria could alter, discretion will be used*)
- Applicants must demonstrate need
- Must have assets less than \$15,000 single or \$20,000 couple
- Must have income less than \$25,000 single or \$35,000 couple
- Must have permanent New Zealand residency
- Applicants must have the ability to live without supported care

Demand for housing for people over 60 years is often in excess of the number of units available, therefore priority will be given to applicants:

- Who live in the Upper Coromandel Peninsula
- With present housing in unsatisfactory condition
- Who have close relatives in the area
- Who have been referred by a doctor or other agency
- Priority will be given to tenants on the MSD Housing Register

If you have any questions or would like more information, please contact us on 07 866 8358 or email [grants@cilt.org.nz](mailto:grants@cilt.org.nz)

Return this form with any supporting evidence to: [grants@cilt.org.nz](mailto:grants@cilt.org.nz) or deliver paper copies to Te Pūtahi Whaiora — 150 Pound Street, Coromandel 3506

## Applicant 1 Details

Applicant Name:

Female

Male

Other

Prefer not to say

Date of Birth:

Contact Number:

Contact Email:

Residential Address:

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## Applicant 1 Details

Tick one of the following boxes:

NZ Citizen     Permanent Resident

Tick one of the following boxes:

Single     Married     De facto

Length of Residence in Coromandel:

## Applicant 2 Details (if applicable)

Applicant Name:

Tick one of the following boxes:

Female     Male     Other     Prefer not to say

Date of Birth:

Contact Number:

Contact Email:

Residential Address:

Tick one of the following boxes:

NZ Citizen     Permanent Resident

Length of Residence in Coromandel:

## Current Circumstances

Tick one of the following boxes:

I rent my current property     I own my current property     I live with family     Other: \_\_\_\_\_

Landlord Name:

Contact Number:

Contact Email:

Tick one of the following boxes that best describes your current property:

Residential House     Holiday Home     Flat/ Bedsitter     Caravan/ Garage     Emergency Housing

How many people do you live with?

Number of Bedrooms in current home:

## Current Circumstances

Why are you leaving your current accommodation?:

Tick one of the following boxes:

My current accommodation is in  
*GOOD* condition

My current accommodation is in  
*POOR* condition

Describe how your current accommodation is in poor condition.

## Financial Information

Do you receive NZ Superannuation?:

Yes

No

Do you receive Living Alone Allowance?:

Yes

No

Do you receive Accommodation Supplement?:

Yes

No

Do you receive any additional income?:

Yes

No

## Financial Information

Please specify what income you receive in addition to your benefit.

Do you or your partner own any property or have any interest on any property?:

Yes

No

Do you or your partner receive any income from this property?:

Yes

No

Please specify what income you receive from this property.

Property Address:

Have you sold any house, farm property or land within the last five years?:

Yes (please provide us with papers showing money received. You can get these from your lawyer.)

No

Is there anything else you would like to tell us?

Monthly Income:

\$

Weekly Rent:

\$

## Financial Information

Cash In Hand:

\$

Cash In Bank:

\$

Motor Vehicle Value:

\$

Other Assets:

\$

Other Assets:

\$

Other Assets:

\$

Is there anything else you would like to tell us?

## Health & Support Information

Tick all boxes that apply to you:

- I need help with daily tasks     I receive "Meals on Wheels"     I need more support     I struggle to access services from my current address

Medical Practice:

Doctor Name:

Emergency Contact:

Contact Number:

Emergency Contact:

Contact Number:

## Declaration

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

Applicant Signature

Date:

Applicant Signature

Date:

## Office Use Only

Interviewed By:

Signature:

Date: