

Application for NAPIER CITY COUNCIL HOUSING

1. Please complete all questions on the application form.
2. If you require support to complete the application form, please see the **reference page** for organisations.
3. Attach documents listed on **reference page** of the application form
4. Submit your completed application and supporting documents to us by

Email

housing@napier.govt.nz

Post

Housing
Napier City Council
Private Bag 6010
Napier 4142

By Hand

Customer Service
Dunvegan House
215 Hastings Street
Napier

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.

5. 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.

Every 3 months it is your responsibility to advise the Napier City 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.

Interviews are held on Thursdays between 9:00am-12:00pm.

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 Napier city for at least three years, unless there are extenuating circumstances.

Age & Financial:

- Be qualifying age for New Zealand Superannuation at the time of application; or
- Be aged 18 years and over, and a Supported Living beneficiary; and
- Have income and assets under the Category A thresholds

OR

- Be aged 18 years and over; and,
- Have income and assets under the Category B thresholds

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.

Application for NAPIER CITY COUNCIL COMMUNITY HOUSING

We will require documented proof you were either born in New Zealand 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: Mobile Email

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

How many years have you lived in Napier?

If you do not currently live in Napier, what is the reason for your application?

Have you lived in a Napier City 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:

Contact Phone:

Email:

Relationship to you:

Are you mobile? Yes Wheelchair Restricted Mobility
 Walking Aid

Do you have sensory restrictions? Hearing Impaired
 Visually Impaired

Do you have communication restrictions?

Impaired Non-verbal English 2nd 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:

Contact 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?

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 Napier?

If you do not currently live in Napier, what is the reason for your application?

Have you lived in a Napier City Council flat before? Yes No

If yes, please provide details and year:

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?

Signature

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

Health Details	
Are you sufficiently active to care for yourself?	
If no, who would take care of you?	
Name:	Contact 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"/> Impaired <input type="checkbox"/> Non-verbal <input type="checkbox"/> English 2 nd 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 - see Smokefree policy (attached)	
Doctors Name:	Contact Phone:

If there are more than 2 applicants over the age of 18, please list here and attach details to back of form

Other Details	
Total number of people to be housed	
Adults (18+):	Children:
Name:	DOB:
Name:	DOB:
Name:	DOB:

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

Note:
Not all flats come with an allocated car park

Note: Pets are only permitted at the discretion of the housing team

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

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:
Post Code:
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
If yes, you are not eligible for NCC Community Housing.
Have you or your spouse/partner sold any property ¹ 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:	
Telephone number:	Mobile:
Are you related to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ 'Property' includes a house, flat, land or commercial

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	\$	\$
Benefit		
Work & Income weekly payment (excluding disability allowance and accommodation supplement)		
<input type="checkbox"/> Super <input type="checkbox"/> Benefit	\$	\$
Work and Income client number _____ _____		
Benefit Type _____		
Other allowances (i.e. disability allowance or accommodation supplement)	\$ \$ \$	\$ \$ \$
Any other income - give details		
	\$	\$
	\$	\$
	\$	\$
Total Weekly Income	\$	\$

Applicant 1	Employer:	Phone:
Applicant 2	Employer:	Phone:
Applicant 3	Employer:	Phone:

Assets	Applicant 1	Applicant 2	Total
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)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Debt	Applicant 1	Applicant 2	Total
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)	\$	\$	\$
Other - specify (i.e. fines, medical expenses)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total debt repayment per month	\$	\$	\$

How are you managing this debt⁵

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

Landlord

Name:

Email:

Phone:

⁵ If you have debt over \$x you will need to produce a debt repayment plan before being offered a tenancy. See reference page for places that offer this service

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

Character reference and relationship to you

Name:

Email:

Phone:

Emergency Contact Details

The people listed below will be the point of contact for Council should there be any concerns about your wellbeing. Please provide two.

Contact One

Name:

Address:

Mobile:

Email:

Relationship to you:

Contact Two

Name:

Address:

Mobile:

Email:

Relationship to you:

Declaration

I authorise Napier City 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.

I declare that the information contained in this application is true and correct. I acknowledge Napier City Council's right to check the validity of the information supplied by me about my application and ongoing tenancy, including medical, social and financial details where applicable.

I understand that if the information provided is misleading or false, the application may be cancelled.

Applicant 1 Name
Signature

Date: / /

Applicant 2 Name
Signature

Date: / /

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