



# Council Housing APPLICATION FORM REFERENCE PAGE

**Please note:**

- We have a waiting list for Napier City Council Housing, you can expect a wait
- Priority is given to those most in need, not who has been on the list longest
- We suggest you also register your interest in housing with the Ministry of Social Development (MSD) - **0800 559 009**

**If you need help completing the application form**

Citizens Advice Bureau

Phone: **835 9664**

Call to find out what days and times they are available

**Accepted forms of identification (photo ID is preferred)**

- Driver's licence
- Passport or
- Birth certificate

**Income and Asset thresholds**

	Single person		Household	
	Net Income (after tax)	Asset* total	Net Income (after tax)	Asset* total
Category A 65yrs + or Supported Living Beneficiary	<b>\$32,070 annually</b> (approx. \$616.70 weekly)	<b>\$78,150</b>	<b>\$49,338 annually</b>	<b>\$91,175</b>
Category B 18 yrs+	<b>\$39,600 annually</b> (approx. \$761.50 weekly)	<b>\$52,100</b>	<b>\$46,000 annually</b> (approx. \$884.60 weekly)	<b>\$52,100</b>

**\* Assets include, but are not limited to:**

- Savings
- Investments
- Vehicles that are not your main vehicle i.e. motorbikes, caravans, boats
- Property
- Inheritance
- Trust benefits

## Documentation checklist

**Please ensure you include the following documents with your application:**

- Fully completed application form
- Photo identification
- Independent Living Form
- Character Reference and Emergency Contact (Next of Kin). **See page 7&8**
- Your most recent 3 months of full bank statements (all accounts)
  
- Proof of income** (must be one of the following)
  - A** Statement of weekly or fortnightly earnings such as current salary/wage slip,  
**or,**
  - B** Inland Revenue Summary of Annual Income (if in casual or seasonal work),  
**and/or,**
  - C** Work and Income summary of benefit payments
  
- Confirmation of assets, rate payments, Family Trust documents, property settlement account and documents (if applicable)
- If you have a pet: You will need to provide proof that your pet is de-sexed, registered (dogs only) and microchipped. **See page 4**
- Applicant signature. **See page 8**

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.



**NAPIER**  
CITY COUNCIL  
Te Kaunihera o Ahuriri



# Application for NAPIER CITY COUNCIL HOUSING

**Napier City Council do not provide Emergency Accommodation.  
If your housing need is urgent, please contact MSD - 0800 559 009**

1. Please complete all questions on the application form.
2. If you require support to complete the application form, the Citizens Advice Bureau may be able to help - **06 835 9664**
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 Services  
Dunvegan House  
215 Hastings Street  
Napier

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.

#### **Please note:**

- Only applications that have been **completed in full, with all the correct supporting documents**, will be assessed. Any part applications will be returned to you to be completed.
- The waiting list is reviewed annually. It is your responsibility to ensure your contact details are current. If we cannot contact you, your name will be removed from the waiting list.

**Your application form will be treated in accordance with the Privacy Act 2020.**

**To be eligible for a home, applicants must meet all of the criteria below:**

**Residency:**

You must 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:**

**Category A - Retirement/Disability**

- Be the qualifying age for New Zealand Superannuation at the time of application; or
- be aged 18 years and over, and receive the Supported Living payment.
- All Category A applicants must also have income and assets under the Category A thresholds (see reference page).

OR

**Category B - Low Income**

- Be aged 18 years and over; and,
- Have income and assets under the Category B thresholds (see reference page).

**All applicants must not own a whole or part share in any real estate property.**

‘Property’ includes a house, flat, land or commercial.

**Ability to live independently:**

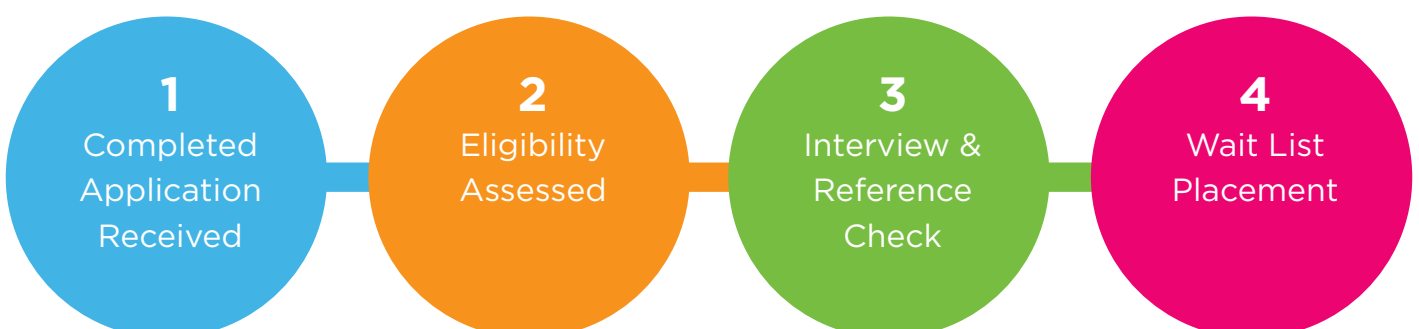
Applicants must be able to live independently within a village environment.

This means that you are able to look after yourself independently or with the assistance of support services that you might require.

**You will need to get your doctor to complete the independent living form prior to lodging your application for Housing.**

**The information requested will assist the Council to confirm your eligibility for housing.**

**Application process (can take up to 4 weeks):**



# Application for Housing

## Applicant 1 - Main Applicant

First name(s):

Last name:

Please specify any other names used or known by:

Date of Birth:

Current address:

Mobile number:

Email address:

Preferred method of contact:     Mobile     Email

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

How many years have you lived in Napier?

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

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

If yes, please provide address and year:

## Emergency Contact (Local)

Name:

Address:

Email:

Mobile:

Relationship to you:

## Next of Kin

Name:

Address:

Mobile:

Email:

Relationship to you:

We will require documented proof you were either born in New Zealand or have permanent residency.

**See Reference page for acceptable forms of identification.**

The people listed as your Emergency Contacts (Next of Kin) will be the point of contact for Council should there be any concerns about your wellbeing.

**Please provide two Emergency / Next of Kin Contacts.**

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

## Health Details

Are you able to care for yourself? Yes No

If no, who takes care of you?

Name:

Contact Phone:

Email:

Relationship to you:

Doctor's Name:

Contact Phone:

Do you use? Wheelchair Walking Aid  
Do you have? Restricted Mobility

Do you smoke/vape? No Yes **NOTE: All flats are smoke/vape free**

## Are there any local community groups you would like to be connected with?

Grey Power Age Concern Neighbourhood Support

Enliven Kiwi Seniors Anglican Care Waiapu

## 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 undergo a police check? Yes No

**Signature:**

## Applicant 2

First name(s):

Last name:

Please specify any other names used or known by:

Date of Birth:

Current address:

Mobile number:

Email address:

Preferred method of contact:     Mobile     Email

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

How many years have you lived in Napier?

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

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

If yes, please provide address and year:

## Contact 1 (Local emergency contact)

Name:

Address:

Email:

Mobile:

Relationship to you:

## Contact 2 (Next of kin)

Name:

Address:

Mobile:

Email:

Relationship to you:

We will require documented proof you were either born in New Zealand or have permanent residency.

**See Reference page for acceptable forms of identification.**

The people listed as your Emergency Contacts (Next of Kin) will be the point of contact for Council should there be any concerns about your wellbeing.

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Are you able to care for yourself? Yes No

If no, who would takes care of you?

Name:

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Email:

Relationship to you:

Doctor's Name:

Contact Phone:

Do you use? Wheelchair Walking Aid  
Do you have? Restricted Mobility

Do you smoke/vape? No Yes **NOTE: All flats are smoke/vape free**

## Are there any local community groups you would like to be connected with?

Grey Power Age Concern Neighbourhood Support

Enliven Kiwi Seniors Anglican Care Waiapu

## 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 undergo a police check? Yes No

**Signature:**



Please list the Names and Dates of Birth of the other people in your household that need housing with you:

### Total number of people to be housed

Number of Adults (18+):

Number of Children:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

### Vehicles

Car

Motorbike

Mobility Scooter

Vehicle registration number:

### Pets

Please tick what kind of pet you have

Dog. How many?

Cat. How many?

Bird. How many?

Other. Give Details:

Name:

Approx Age:

Breed:

Colour:

Desexed

Yes

No

Microchipped

Yes

No

Registered (dogs only)

Yes

No

Registration number:

### Current Accommodation

What best describes your current accommodation (e.g. renting/boarding, staying with friends/family)?

How long have you been residing at your current address?

How many bedrooms at your current address:

How many people reside at this address:

**Note:**

NCC may be able to provide parking for 1 car per flat.

Any additional vehicles must be parked outside the complex.

**Note:**

Pets are only permitted at the discretion of the housing team.

All pets MUST be de-sexed, dogs MUST be NCC registered annually and cats MUST be microchipped.

Proof of this must be provided with this application.

**To be eligible for a home, applicants must not own a whole or part share in any real estate property.**

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

Do you own or have shares in any real estate property? Yes No

**If yes, you are not eligible for NCC Community Housing**

Have you or your spouse/partner sold any property in the last 5 years?

Yes No

**Contact Details for your current Landlord (if applicable)**

Name:

Address:

Telephone number:

Mobile:

Are you related to this person? Yes No

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
<b>Wages</b> (including self-employment)	(in your hand)(in your	
Wages for a ____ hour week	\$	\$
<b>Benefit</b>		
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 (e.g. disability allowance or accommodation supplement)	\$ \$ \$	\$ \$ \$
Any other income - give details		
	\$	\$
	\$	\$
	\$	\$
<b>Total Weekly Income</b>	<b>\$</b>	<b>\$</b>

If you are employed, please complete the following:

<b>Applicant 1</b>	Employer:	Phone:
<b>Applicant 2</b>	Employer:	Phone:

See reference page for income and Asset thresholds and required supporting documentation.

<b>Assets</b>	<b>Applicant 1</b>	<b>Applicant 2</b>	<b>Household Total</b>
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 (e.g. 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 (e.g. Motorbike, boat, caravan or other vehicle(s))	\$	\$	\$
Prepaid funeral expenses	\$	\$	\$
Other (please specify)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

If you have debt you will need to produce a debt repayment plan before being offered a tenancy.

Debt	Applicant 1	Applicant 2	Household 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)	\$	\$	\$
<b>Other - specify</b> (e.g. fines, medical expenses)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total debt repayment per month</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**How are you managing this debt?**


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

**Landlord reference**

Name:

Email:

Phone:

Your character reference must be someone who is **NOT a relative.**

### Character reference and relationship to you

Name:

Relationship to you:

Phone: Email:

### Privacy Statement

We collect personal information from you in order to assess your initial and ongoing eligibility and suitability for Council housing.

Besides our staff, we may share this information with other agencies to confirm your initial and ongoing eligibility for Council housing and to access support that may assist in maintaining your tenancy if needed.

Only authorised staff have restricted access to any personal information we hold about you. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong.

Your application form and any accompanying personal information will be treated in accordance with the Privacy Act 2020.

### Authorisation

I authorise Napier City Council to collect and hold personal information from other agencies in order to assess my initial and ongoing eligibility for Council Housing, and for matters relating any subsequent tenancy with Napier City Council.

I confirm I have read, understand and agree to the Privacy Statement above.

I confirm the information provided by me in this form is true and correct and I understand that if the information I have provided is false or misleading, my application may be cancelled.

Applicant 1 Name:

Signature:

Date: / /

Applicant 2 Name:

Signature:

Date: / /



# Council Housing

# INDEPENDENT LIVING FORM

## For your Doctor to complete

This applicant has applied for a place in a Napier City Council Housing flat. These are in groups of small one or two bedroom, self-contained flats which require the applicant to have the ability to live independently (with or without support from support services) and in close proximity with a community of other people.

The information requested will assist the Council to determine whether the applicant meets the Napier City Council criteria for housing.

**Patient's Full Name:**

**Patient's Date of birth:**

**Has the patient suffered from / is suffering from:**

Stroke / Heart disease or conditions

Respiratory disease

Arthritis or osteoporosis

Mental Health Condition

Alcoholism or drug dependency

Mobility issues

Other - please provide details:

## Please comment on the following:

**1a. Physical and mental health of the applicant and their eligibility to cope on their own:**


**1b. Degree of mobility and type of disability (if any):**

**2. Knowledge of any issues that could affect the applicant's ability to live alone:**

**3. Knowledge of any issues that could affect the applicant's ability to live alone within a village environment:**

**Is any of the following support in place or needed?** Please provide detail

	<b>Current</b>	<b>Needed</b>
District Nurse		
Mental health		
Home caregivers		
Home help		
Meals on wheels		
Family / Whānau support		
Other social service		

**Doctor's Signature:**

**Doctor's Name:**

**Date:**

Please return this form to the Applicant, who will submit it to Council as part of their Housing application.