

# Council Housing APPLICATION

**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. 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

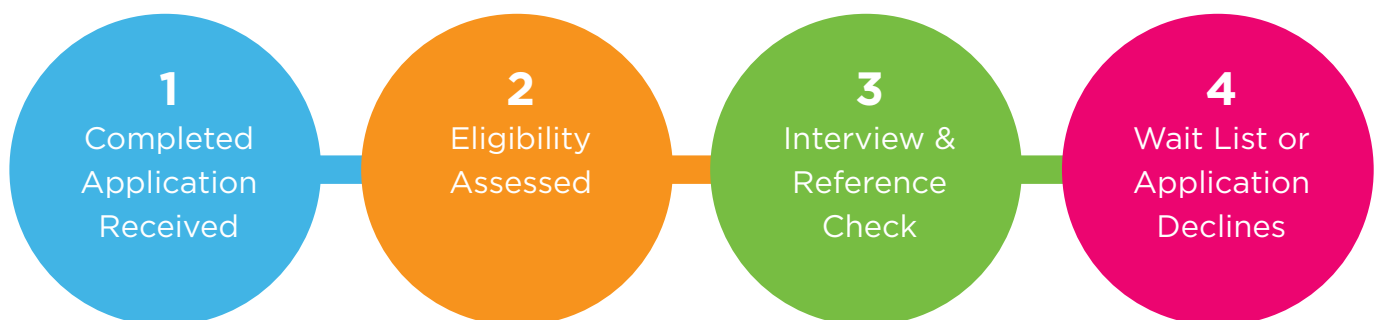
#### By Hand

Customer Services  
Dunvegan House  
215 Hastings Street  
Napier

4. 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.
- Only applicants who have been assessed and approved will be accepted onto the Waiting List.
- The waiting list is reviewed regularly. 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.



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

### Residency Eligibility

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 Eligibility

#### 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.
- Have income and assets under the Category A thresholds (as per below table).

OR

#### Category B - Low Income

- Be aged 18 years and over; and,
- Have income and assets under the Category B thresholds (as per below table).

### Income and Asset thresholds

	Single person		Household	
	Net Income (after tax)	Asset* total	Net Income (after tax)	Asset* total
<b>Category A</b> 65yrs + or Supported Living Beneficiary (18 yrs+)	<b>\$36,109 annually</b>  (approx. \$694 weekly)	<b>\$108,750</b>	<b>\$55,553 annually</b>  (approx. \$1068 weekly)	<b>\$126,875</b>
<b>Category B</b> 18 yrs+	<b>\$58,344 annually</b>  (approx. \$1122 weekly)	<b>\$72,500</b>	<b>\$74,100 annually</b>  (approx. \$1425 weekly)	<b>\$72,500</b>

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

### Ability to live independently

This means that you are able to look after yourself independently or with the assistance of support services that you might require. Council is unable to provide these specialised services for tenants.

The application process is designed to ensure that Council makes the best decision for both the applicant and our existing tenants in village communities. If your application is accepted, you will be placed on the waiting list until a suitable home becomes available. Council will take into account your mobility, medical, transport, gardening, support, and social preferences, in addition to the location of your family support if they are in Napier.

# Application for Housing

## ID

\*Acceptable forms of Identification will be Drivers Licence, Passport, Birth Certificate or 18+ Card. Photo ID is preferred.

## CITIZENS

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

## Applicant 1 - Main Applicant

First name(s)

Last name

Please specify any other names used or known by

Date of Birth

Current address

Home number

Mobile number

Email address

Postal address

if different than above

\*Please provide a copy of your identification ☐

\*Are you a ... ☐ New Zealand Citizen ... or a ... ☐ 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 unit before? ☐ Yes ☐ No

If yes, please provide address and years

## Income Type

☐ Superannuation

☐ Supported Living Benefit

☐ Job Seeker Benefit

☐ Employment Full Time

☐ Employment Part Time

☐ Other (please specify)

**CONVICTIONS**

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

**Health Details**

Do you use?  
Do you have?

☐ Wheelchair    ☐ Walking Aid  
☐ Restricted Mobility  
Do you smoke/vape? ☐ Yes    ☐ No

**Which Community Support Groups are you currently engaged with?**

Health	Personal Support	Home Help
<input type="checkbox"/> GP	<input type="checkbox"/> Whānau	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Specialist	<input type="checkbox"/> Friends	<input type="checkbox"/> Personal Carers
<input type="checkbox"/> Agency	<input type="checkbox"/> Agencies	
<input type="checkbox"/> Medical Alert Bracelet		

**Other** (please provide their details)

Enter the details of the agency assisting you with this application, if applicable.

Agency	
Contact Name	
Contact Phone	
Contact Email	

Is this agency to be the main point of contact for your application? ☐ Yes    ☐ No

**Convictions**

\*Do you have any previous, current, or pending criminal convictions?

☐ Yes    ☐ No

If you answered yes, please provide date and conviction details.

Do you consent to a criminal record check?    ☐ Yes    ☐ No

**Signature**

**ID**

\*Acceptable forms of Identification (photo ID is preferred) will be Drivers Licence, Passport, Birth Certificate or 18+ Card. Photo ID is preferred.

**CITIZENS**

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

## Applicant 2 - Other adult 18+ (if applicable, otherwise please cross out these two pages)

First name(s)

Last name

Please specify any other names used or known by

Date of Birth

Current address

Home number

Mobile number

Email address

Postal address

if different than above

\*Please provide a copy of your identification ☐

\*Are you a ... ☐ New Zealand Citizen ... or a ... ☐ 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 unit before? ☐ Yes ☐ No

If yes, please provide address and years

## Income Type

☐ Superannuation

☐ Supported Living Benefit

☐ Job Seeker Benefit

☐ Employment Full Time

☐ Employment Part Time

☐ Other (please specify)

**CONVICTIONS**

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

**Health Details**

Do you use?

☐ Wheelchair☐ Walking Aid

Do you have?

☐ Restricted MobilityDo you smoke/vape? ☐ Yes ☐ No**Which Community Support Groups are you currently engaged with?****Health**☐ GP☐ Specialist☐ Agency☐ Medical Alert Bracelet**Personal Support**☐ Whānau☐ Friends☐ Agencies**Home Help**☐ Cleaning☐ Personal Carers**Other** (please provide their details)

Enter the details of the agency assisting you with this application, if applicable.

Agency

Contact Name

Contact Phone

Contact Email

Is this agency to be the main point of contact for your application? ☐ Yes ☐ No**Convictions**

\*Do you have any previous, current, or pending criminal convictions?

☐ Yes☐ No

If you answered yes, please provide date and conviction details.

Do you consent to a criminal record check?

☐ Yes☐ No**Signature**

**CARS**

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

Any additional vehicles must be parked outside the complex.

**PETS**

Pets are only permitted at the discretion of the Housing Team.

All pets **MUST** be de-sexed, dogs **MUST** be NCC registered annually.

**PROPERTY**

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 property.

**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

**Number of vehicles - please write the number of each type of vehicle below**

Cars

Motorbikes

Mobility Scooters

**Pets**

Please tick what kind of pet you have

☐ Dog. How many?

☐ Cat. How many?

☐ Bird. How many?

☐ Other. Give Details

**Property Declaration**

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

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

Has either applicant sold any property in the last 5 years? ☐ Yes ☐ No

If yes, please describe these properties below.


**Current Accommodation**

Please describe your current accommodation challenges, including whether you are renting or boarding, or staying with friends or family?


## INCOME

See the table on page 2 for Income and Asset thresholds and required supporting documentation.

## BENEFIT

You may find it useful to attach a work and income payment summary itemising your payments.

## WAGES

Wages are defined as employment, including self-employment, secondary employment, and bonuses.

The Family Tax Credit is excluded from this income assessment.

## Income

Please provide the weekly amounts below that you received, after tax, (in your hand or into your bank account).

Benefit		
Benefit Type (Applicant 1)		
MSD Client Number (Applicant 1)		
Benefit Type (Applicant 2)		
MSD Client Number (Applicant 2)		
Please provide your MSD (also known as Work and Income, WINZ & Ministry of Social Development) weekly payment, excluding any other allowances and supplements.	<b>Applicant 1</b> per week	<b>Applicant 2</b> per week
	\$	\$

<b>Wages</b> (including self-employment)	<b>Applicant 1</b> per week after tax	<b>Applicant 2</b> per week after tax
Wages for a ____ hour working week	\$	\$

<b>Other</b> – all other sources of income must be declared here	<b>Applicant 1</b> per week after tax	<b>Applicant 2</b> per week after tax
	\$	\$
	\$	\$
	\$	\$

<b>Total Weekly Income</b>	\$	\$
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If you are employed, please complete the following.

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



**BANK**

Money in the bank includes all account balances and term deposits and money in credit unions etc.

**ASSETS**

This declaration excludes the value of funeral insurance, but includes the value of prepaid funeral plans direct with a funeral home, which are refundable.

**TRUSTS**

The beneficiary of a trust could be either a discretionary beneficiary or a fixed beneficiary. If the dividends are paid to you quarterly, or on another frequency, please calculate the annual equivalent and enter this into the table on the right.

**OTHER VEHICLES**

This includes motorbikes, boats, caravans, or other vehicles

Assets	Applicant 1	Applicant 2	Household Total
Money in the Bank	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Securities, Government Stock, Kiwisaver	\$	\$	\$
Shares in public listed & private companies (incl. family businesses)	\$	\$	\$
Outstanding loans (to other people)	\$	\$	\$
Investments in property (e.g. holiday homes, rental property)	\$	\$	\$
Are you the beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Trusts. Please disclose the value to you as a beneficiary	\$	\$	\$
What are the value of any annual dividends paid to you	\$	\$	\$
Any other investments	\$	\$	\$
Vehicles that are not used as your usual means of transport	\$	\$	\$
Other (please specify)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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

## References

### Applicant 1

#### Current Landlord

Name

Email

Phone

#### Character Reference

Name

Relationship to you

Phone

Email

### Applicant 2

#### Current Landlord

Name

Email

Phone

#### Character Reference

Name

Relationship to you

Phone

Email

## Privacy Statement

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

We may be asked by any agency supporting you with the application process to update them regarding your application and your waitlist status.

Only authorised Council Housing 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 and to ask for it to be corrected if you think it is wrong.

Your application 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 in order to assess my initial eligibility for Council Housing.

I confirm that 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 declined.

I authorise Napier City Council to communicate with the agency supporting me with this application, for points of clarification, additional information, and the progress of my application IF I/we have indicated on page 4 or 6 that I/we want them to act on my/our behalf as the main point of contact, with information relevant to the application process only.

### 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 home in a Napier City Council village. Our villages are groups of small 1–3 bedroom self-contained units, which are a combination of single and multi-level access. This requires the applicant to have the ability to live independently (with or without support services), in close proximity with a community of others. Understanding the applicants specific needs, relating to their physical limitations, social limitations and mental health, will assist Council to determine how their needs could be met. It also ensures that Council can identify the best village, location within a village, and overall community fit, bearing in mind our obligation to our existing tenants in order to create successful and harmonious environments.

<b>Patient's Full Name</b>
<b>Patient's Date of Birth</b>

### Medical Health

Please consider medical conditions which may impact the applicant's independence, requiring assistance in the home, or restricting their ability to drive or walk to other facilities			
	Historic	Well Managed	Current
Please add			
Please add			
Please add			
Please add			
Please add			

Please provide further information regarding the applicants medical health.

## Mental Health and Social Challenges

	Historic	Well Managed	Current
Schizophrenia			
Alcoholism			
Substance Dependency			
Dementia or Alzheimer's			
<i>Please add</i>			
<i>Please add</i>			
<i>Please add</i>			

Please add further detail to clarify the information supplied above, where this is relevant to living in a close quarters village community, such as aversion to socialising.


## Personal Cares

Please comment on any issues that might impact on the applicants ability to live safely and maintain a reasonably clean and reasonably tidy home, or limit the applicants to undertake their own personal cares, including the support that is required and whether that is already in place.


## Physical Health and Movement Challenges

Please comment on the degree of mobility or type of disability, as it may impact on the applicant's ability to gain access to a unit, or move around within it. Please include any physical aids that are required by the applicant.


## Support Agencies

If Support Agencies are required, but not currently in place, please encourage the applicant to instigate these. Under the Residential Tenancy Act 1986, Council works in the landlord space and is unable to supply other forms of support. Applicants who are proactive about engagement with Support Services are considered positively.

	Not Applicable	Current	Required
District Nurse			
Mental Health			
Home Caregivers			
Home Help			
Meals on Wheels			
Family / Whānau Support			
Age Concern			
Other Social Service			

## Other

Please add any further comments relevant to the application, as deemed prudent.


<b>Doctor's Signature</b>	
<b>Doctor's Name</b>	<b>Date</b>
<b>Medical Centre Name</b>	

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

# Council Housing APPLICATION CHECKLIST

## Applicant(s) to Complete

- Please ensure you include all the following documents with your application
- Your application must be fully complete or it will be returned to you before consideration

### Photo Identification (colour photo copy)

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

### Independent Living Form (completed by Dr)

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

### References

#### Current Landlord

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

#### Character References

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

### Income (check application for your category)

#### Inland Revenue (IRD) Summary of Annual Income

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

#### Salary or Wage Slip for the month prior to the application date .

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

#### MSD Summary of Benefit Payments

- ☐ Applicant 1
- ☐ Applicant 2 (if appropriate)

### Assets

- ☐ Confirmation of assets, rate payments, Family Trust documents, property settlement account, and documents (if applicable).
- ☐ Bank Statement(s) for all bank accounts. Please note that we only need to see the account numbers and current balances, not the breakdown of deposits or withdrawals. Your bank will be able to provide certified copies of this information.

**REMINDER:** 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 for completion before they are considered.