

HURUNUI DISTRICT COUNCIL

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APPLICATION FORM FOR TENANCY OF A COUNCIL SOCIAL HOUSING UNIT

Please circle your preferred location/s:

Amberley Waikari Hanmer Springs Cheviot

1. Full Name/s

Surname _____

First Name/s _____

2. Present Address _____

Phone: _____ Mobile: _____

3. Date/s of Birth _____

4. Have you lived or worked in the Hurunui District? _____

If yes, for how long and when? _____

Do you have family members living in the district? _____

5. Please describe your living arrangements: ie, renting, boarding, living with family, and reasons why you are seeking Council social housing?

Length of time in present premises _____ years _____ months

6. Have you sold any property within the last five years? _____

If yes, address of the property sold _____

Sale Price \$ _____ Mortgage/s held \$ _____

7. Income

	Applicant 1	Applicant 2
a. Are you in receipt of a benefit or pension? Yes/No	_____	_____
b. If yes, what type of benefit/pension?	_____	_____
c. Amount of benefit or pension. Weekly/Fortnightly?	\$_____	\$_____
d. Do you receive any other income?	Yes	No
e. If so, please state amount received per week, from –		
Wages/Salary	_____	_____
Employers name (Applicant 1)	_____	
Employers name (Applicant 2)	_____	
Accident Compensation	_____	_____
Interest (per annum)	_____	_____
Rentals	_____	_____
Other _____	_____	_____
Who pays you this money?	_____	

f. If you are in receipt of a Supported Living Payment, please attach a letter to this application from Work and Income NZ, providing date when you 1st started receiving a Supported Living Payment.

8. Assets:

- a. What assets do you own? (Approximate value excluding car, furniture and personal effects)

	Applicant 1	Applicant 2
Cash (on hand and in bank)	_____	_____
House, caravan & other property	_____	_____
Investments	_____	_____
Other (Bonus Bonds, Timeshares, Paintings, etc) (Please state)	_____	_____

9. Next of Kin:

Name _____

Address _____

Telephone no: _____

10. Are you able to care for yourself and if not, have you friends or relatives who would care for you and the flat?

11. Medical Advisor:

Name of Doctor: _____

12. I/We declare that the particulars supplied are correct.

Signature _____ Applicant 1

Signature _____ Applicant 2

You should provide complete information to each question unless otherwise advised, regardless of whether you consider it relevant.

If you require an assistance in completing this application form, we are here to help.

PRIVACY ACT PROVISIONS :

The information you provide on this application for housing will be collected and held by the Hurunui District Council. The information is collected for the purposes of assessing your eligibility for housing assistance.

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.