



APPLICATION FOR COUNCIL RENTAL UNIT

Please address all communications to:

Chief Executive
Timaru District Council
PO Box 522
Timaru 7940

Please Note:

To qualify for a Council Rental Unit the Applicant/s must:

- * Have a housing need
- * Be in receipt of an age, national superannuation, war, widows pension or invalid's benefit
- * Be able to live harmoniously in close proximity with other tenants, many of whom will be elderly
- * Note that Council does NOT permit the Tenant to keep on the premises, any dogs, rabbits, fowls, pigeons or other livestock except one cat and/or two cage birds

Confidentiality: All information supplied in this Application will be treated in strict confidence

Enquiries: If further information is required please contact Matt Ambler or Julie Whittington, telephone (03) 687 7200

The following Application is for tenancy of a Council Rental Unit. Successful Applicant/s will be required to enter into a Tenancy Agreement with the Council.

WHERE A COUPLE IS APPLYING THE DETAILS OF BOTH APPLICANTS MUST BE SUPPLIED

1. Mr/Mrs/Miss/Ms (cross out whichever does not apply)

First Name:.....

Surname:.....

Date of Birth:

Mr/Mrs/Miss/Ms (cross out whichever does not apply)

First Name:.....

Surname:.....

Date of Birth:

2. **POSTAL ADDRESS**

.....
.....

Telephone:

3. **CONTACT DETAILS**

a) **Contact Person**

Please supply the details of a **contact person** that we can talk to about your application or tenancy if we cannot contact you (eg: relative, friend).

Relationship to Applicant/s:

Name:.....

Address:

..... Telephone:

b) **Next of kin** - who is your next of kin?

Relationship to Applicant/s:

Name:.....

Address:

..... Telephone:

4. REASON FOR APPLYING FOR A COUNCIL RENTAL UNIT

.....
.....
.....
.....
.....
.....
.....

5. TYPE OF ACCOMMODATION REQUIRED

SINGLE / DOUBLE (cross out whichever does not apply)

Note: **ALL** Council Rental Units are **one** bedroom or bedsitter units only

To assist with the allocation of a unit, please state below the general area you require a unit (see list at back of application form) and any particular requirements.

.....
.....
.....

Please note that units are allocated according to need. If you decline a unit that is suitable, your application will be put on hold for six months. If following the six months, another unit is declined then the applicant/s will be informed that his/her application has been removed from the waiting list.

6. DOCTOR'S LETTER

A recent Doctor's letter pertaining to your health, and confirming that you are able to care for yourself, must be provided to identify any existing medical conditions. ***Please ensure that if you have a medical reason for requiring a unit in a particular area this should be included in your Doctor's letter.***

Please supply your Doctor's name and telephone number

.....

If you find that the unit is not suitable for health reasons, Council does not guarantee that you will be able to transfer (which shall be totally at your cost), as your eligibility will be ranked in accordance with waiting lists at the time.

7. PRESENT ACCOMMODATION

(a) Do you rent a house, flat, home unit, rooms, caravan, or are you boarding?
.....

(b) What is your fortnightly rent/board \$.....

Please supply a reference from your current/most recent landlord.

8. PROPERTY OWNED

If you **Own Property**

(a) Please give brief details eg whether it is a house, home unit, farm, land, section etc
.....

(b) Address of property
.....

(c) If you do not live at your property, please state why
.....
.....

(d) What fortnightly rentals do you receive from the property? \$.....

(e) What mortgage/s is/are on your property? \$.....

(f) What is the Government Valuation of your property? \$.....

(g) Do you intend to sell or otherwise dispose of your property? YES / NO

Please discuss your situation with Matt Ambler as there are options for disposal of property. A letter from your Solicitor regarding the disposal of your assets may be required.

(h) Please supply name and telephone number of your Solicitor
.....

9. OTHER ASSETS

Do you have any other assets, apart from household, personal effects and vehicle? If so, give brief details, approximate values etc.

Bank Account/s

..... \$
 (Name of Bank)

Account No. Bank Branch Account Number Suffix
 [][] [][][][] [][][][][][][][][][] [][][]

..... \$
 (Name of Bank)

Account No. Bank Branch Account Number Suffix
 [][] [][][][] [][][][][][][][][][] [][][]

Investment/s (details) \$

Shares

..... \$

Other

..... \$

10. INCOME

Please give details from income received from all sources **WEEKLY**

(a) Salary or Wages \$

(b) Type of Benefit..... \$

Any additional Benefit
 e.g. Accommodation allowance

..... \$

(c) Benefit Number

(d) Other income (please state from whom)

From \$

From \$

11. RENTAL PAYMENTS

If we can accommodate you, your rent will need to be paid by Automatic Payment through your Bank. Please supply your Bank Account number that you wish your rental payments to be taken out of:

.....
(Name of Bank)

(Town)

	Bank	Branch	Account Number	Suffix
Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. BOND

A bond is required to be paid for the equivalent sum of three weeks rent. The bond will be lodged with Tenancy Services and is refundable at the termination of the tenancy, provided there are no rent arrears and the premises are left in a satisfactory condition. If you have difficulty with paying this, it is suggested you contact WINZ.

13. CHECK LIST: Your application may not be considered if you have not supplied us with the following documents:

- A Doctor's letter
- A reference from your current/most recent landlord

If relevant, a letter from your Solicitor regarding disposal of assets

14. PRIVACY ACT DECLARATION

I/We consent to the Timaru District Council collecting the details provided in this application, retaining and using these details for the purpose of assessing and administering this application. This consent is given in accordance with the Privacy Act 1993.

Name/s:.....

.....

Applicants Signature/s:

.....

Please advise if you wish to pay your rent **weekly or fortnightly** and what **day of the week** you wish it to be taken out of your account.

Weekly / fortnightly:
Rent to come out (what day?)

15. STATUTORY DECLARATION

To be signed in the presence of a **Justice of the Peace** or a **Solicitor of the High Court of New Zealand** or an **Officer duly authorised to take Statutory Declarations**.

I / We make this declaration conscientiously believing the particulars supplied in this application are correct and true to the best of my / our knowledge.

DECLARED AT (place)

this day of

Applicants Signature/s:
.....

Declared before me

Signature:.....

.....
Designation

LIST OF UNITS & WEEKLY RENT

✕ = Double Units but a Single Tenant may be placed depending on circumstances

TIMARU : 147 Units					
STREET ADDRESS	SINGLE	\$RENT	DOUBLE	\$RENT	BATHROOM
4 Clyde Street	5	72.00	6	101.00	Shower
3 & 9 Clyde Carr Crescent	10	60.00	4	79.00	Bath/Shub
63A Craigie Avenue	✕	60.00	3	79.00	Bath/Shub
2 Edinburgh Street	✕	82.00	2	92.00	Walk in shower
38 Flemington Street	✕	82.00	3	92.00	Walk in shower
5 Hanan Place	3	60.00	-	-	Bath/Shub
7A, 9A Harper Street	13	60.00	3	80.00	Bath/Shub
9 Harper St	✕	72.00	6	101.00	Shower
36,38,40,42 & 44 James Street	✕	60.00	5	79.00	Bath/Shub
1 Keith Street	✕	60.00	1	79.00	Bath/Shub
8,10 & 12 Jonas Street	✕	72.00	12	101.00	Shower
95 & 95A Le Cren Street	2	72.00	-	-	Shower
33A Maltby Avenue	✕	87.00	6	97.00	Walk in shower
6,8,10,12,14 & 16 Princes Street	14	60.00	4	80.00	Bath/Shub
39A Rhodes Street	4	60.00	-	-	Bath/Shub
6, 7, 9, 10, 11 Taylor Street	12	60.00	6	80.00	Bath/Shub
23A Victoria Street, a, b, c	✕	95.00	3	100.00	Walk in shower
9 Wilson Street	3	60.00	-	-	Bath/Shub
37 Woodlands Road	14	60.00	4	80.00	Bath/Shub
TEMUKA : 56 Units					
STREET ADDRESS	SINGLE	RENT	DOUBLE	RENT	BATHROOM
Cameron Cts, 30 & 34 Whitcombe St	7	59.00	-	-	Bath/Shub
Cameron Courts, 11 Hamilton Street	✕	60.00	3	80.00	Bath/Shub
Clarke Courts, 6A Levens Lane	2	71.00	1	95.00	Bath/Shub
Harris Courts, 49 King Street	✕	59.00	4	75.00	Bath/Shub
McMillan Courts, 5 Wilkin Street	8	60.00	1	80.00	Bath/Shub
Pye Cts, 3 Wilmhurst Rd, <i>Bedsitter</i>	16	58.00	-	-	Bath/Shub
Tarrant Cts, 12 & 14 Hewlings Pl	2	70.00	7	95.00	Shower
3 Wilmhurst Rd, 18 – 22	✕	82.00	5	92.00	Walk in shower
GERALDINE - 20 Units					
STREET ADDRESS	SINGLE	RENT	DOUBLE	RENT	BATHROOM
89 Talbot Street	4	59.00	-	-	Bath or Shower
113 Talbot Street, 1,2	✕	80.00	2	92.00	Walk in shower
115 Talbot Street 1,2	✕	80.00	2	92.00	Walk in shower
61 Huffey Street	4	61.00	-	-	Bath or Shower
63 Huffey Street	4	61.00	-	-	Bath or Shower
65 Huffey Street	4	61.00	-	-	Bath or Shower
PAREORA : 6 Units					
STREET ADDRESS	SINGLE	RENT	DOUBLE	RENT	BATHROOM
74 King Street	✕	71.00	6	91.00	Shower
PLEASANT POINT - (addition \$5.00 depending on renovations) : 6 Units					
STREET ADDRESS	BEDSITTER	RENT	DOUBLE	RENT	BATHROOM
7 Horton Street	4	55.00	2	75.00	Bath/Shub



COUNCIL RENTAL UNIT INFORMATION / CRITERIA

The criteria for an applicant to be eligible to apply is as follows:

- Be an elderly person on an age, national superannuation, war, widows or over 55 pension, **OR** be on an invalid's benefit. Applicants on limited income may be considered – application judged on individual basis – accommodation offered on temporary basis only, that is if a more suitable applicant, i.e. elderly person, wishes to be placed in the unit that the young tenant is in, then the young tenant will be given 42 days notice to leave. This clause is included in the young person's Tenancy Agreement. Council reserves the right to decline an application.
- Have a housing need (in that the applicant's current accommodation is unsuitable for various reasons, which the applicant may list in the application form).
- If an applicant owns property the property MUST BE SOLD or placed on the market for sale or otherwise disposed of out of the applicant's possession. The applicant may not collect rent from a property once they have become our tenant.
- An Application must include a Doctors letter recommending the applicant for a Council unit, stating that the applicant is capable of caring for themselves and listing any physical or mental disabilities which may make some of our units unsuitable.
- An Application must also include a letter of reference from the applicant's current landlord if applicable.

Once the Application is received, Council's Environmental Health Officer will contact the applicant to discuss their Application in order to assess their circumstances. This assessment is based on the interview, application, Doctor's letter and any other relevant circumstances. The assessment, in the form of a score is then placed next to the applicant's name on the Council Unit Waiting List. Once we receive the Environmental Health Officer's assessment the applicant is contacted by mail and advised of their assessment and position on the Waiting List. The next available suitable unit is then offered to the applicant with the highest assessment, and therefore, the greatest need.

Contact: 03 687 7200 - Matt Ambler