

CITY HOUSING APPLICATION

APPLICATION SURNAME

APPLICATION TYPE

☐ Standard ☐ FTT

APPLICATION NUMBER

1. NOTES

Would you like us to arrange an interpreter for your interview? ☐ Yes ☐ No

If yes, please indicate your preferred language

Would you like help with your application? ☐ Yes ☐ No

- Please complete all the questions to the best of your ability. We need you to answer all questions and provide all the documentation we need before we can accept your application.
- Applicants with debt will be considered on a case-by-case basis.
- If you don't show up to an arranged interview without first letting us know, your application will be cancelled.
- We can only offer you two properties. If you decline the second offer your application will be cancelled.
- City Housing tenants are required to pay their rent by A/P (*automatic payment*) from their bank account into the Council's bank account. Work and Income clients can arrange a redirection order for their rent.
- Give the completed form to City Housing. Once we check your details, we'll arrange an interview for you with an allocations advisor, who will assess your housing needs and eligibility. You are welcome to bring a support person to your interview.

2. RESIDENCY

- To be eligible for housing you must be a New Zealand citizen, permanent resident or have applied for permanent residency with Immigration New Zealand.
- If your partner or other family members do not have New Zealand permanent residency, we will only accept this application if your relationship is genuine. In this instance, the main applicant must have New Zealand citizenship or permanent residency.

3. PROOF OF IDENTITY

For all people over 18 years old who will be living with you, we require proof of identity, one from **List A** or two from **List B** below (*one of these must be photo ID*).

For all children under 18 years old who will be living with you, we require one form of identity from either **List A** or **List B** below.

List A: a current New Zealand passport, a current overseas passport (with New Zealand Immigration permanent residence visa or permit, a New Zealand Immigration Service certificate of identity (*refugee ID card*))

List B: birth certificate for those born in New Zealand, Cook Islands, Nuie and Tokelau; current New Zealand driver's licence, certificate of citizenship, certificate of naturalisation, marriage certificate, residency certificate, letter from New Zealand Immigration Service confirming residency in New Zealand, current photo credit card, student ID or community services card.

4. PRIVACY STATEMENT

By completing this document you will be providing personal information about yourself and possibly other household members. This information will be held securely by City Housing, and will only be used for your housing application and tenancy. You have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

5. APPLICANT DETAILS

First name:

Surname or family name:

Gender: ☐ Male ☐ Female

Date of birth: D /M /Y

Country of birth:

Ethnicity:

First language:

If you were not born in New Zealand – were you a migrant or a refugee the first time you came to New Zealand?

☐ Migrant ☐ Refugee

When did you first come to New Zealand?

Your current physical address:

Postal address: *(if different to above or if you expect to leave your current address)*

Contact numbers

Home:

Work:

Mobile:

Email address: *(if you have one)*

Emergency contact or someone we can contact if we can't reach you

Name:

Address:

Relationship to you:

Phone numbers:

Email address: *(if possible)*

Please give details of all people who will be living with you.

Last name	First name	Date of birth	Gender	Relationship to you	Age

Are there any legal custodial issues surrounding any children listed on this application? ☐ Yes ☐ No

If yes, please provide a letter from your solicitor, the family court, or a statutory declaration signed by the primary caregiver or custodial parent. This must include custody arrangement and days of custody.

Is anyone in your household expecting a baby? ☐ Yes ☐ No

If yes, please provide a letter from your doctor or midwife stating when the baby is due.

6. PARTNER/JOINT APPLICANT DETAILS

First name:

Surname or family name:

Gender: ☐ Male ☐ Female

Date of birth: D /M /Y

Country of birth:

Ethnicity:

First language:

If you were not born in New Zealand – were you a migrant or a refugee the first time you came to New Zealand?

☐ Migrant ☐ Refugee

When did you first come to New Zealand?

Your current physical address:

Postal address: *(if different to above or if you expect to leave your current address)*

Contact numbers

Home:

Work:

Mobile:

Email address: *(if you have one)*

Emergency contact or someone we can contact if we can't reach you

Name:

Address:

Relationship to you:

Phone numbers:

Email address: *(if possible)*

7. PROOF OF ASSETS, INCOME AND DEBT

Please bring the following to your interview:

- summary of earnings from Inland Revenue for the past 12 months

Do you earn wages or a salary? ☐ Yes ☐ No

If yes, please provide:

- a letter/statement from your employer stating how much you earn after tax each week, or
- four recent consecutive weekly payslips or two recent fortnightly payslips

Do you receive a benefit/national superannuation/another form of financial assistance? ☐ Yes ☐ No

If yes, please provide:

- a 52 week income statement from Work and Income, or
- a Statement of Income (SWIFTT) from Work and Income showing a break-down of the payments

Do you receive payment from ACC, student loan or a student allowance? ☐ Yes ☐ No

If yes, please provide:

- an income statement with a break-down of the payments

Are you or any of your household self-employed? ☐ Yes ☐ No

If yes, please provide:

- a recent full financial statement of accounts (*this must be verified by Inland Revenue or your accountant*)

Do you have children in your care that you are not receiving any family support from Work and Income for?

☐ Yes ☐ No

If yes, please provide:

- a Certificate of Entitlement for Family Tax Credit from Inland Revenue

Do you have dependants 18 years old or over? ☐ Yes ☐ No

If yes, please provide:

- evidence of school enrolment
- evidence of income – payslip, bank statement, statement from Inland Revenue Department

Do you or anyone living with you have cash in the bank? ☐ Yes ☐ No

If yes, please provide:

- a bank statement for the last month

Do you or anyone living with you have any superannuation funds? ☐ Yes ☐ No

If yes, please provide:

- a current statement from superannuation funds provider

Do you or anyone living with you own or part own any property, real estate, land, house, unit, flat or commercial property either in New Zealand or overseas? ☐ Yes ☐ No

If yes please provide:

- a current property valuation certificate

Do you or anyone living with you own a motor vehicle? ☐ Yes ☐ No

If yes, please provide:

- your vehicle registration number and proof of current registration

Do you have any debts listed with collection agencies? ☐ Yes ☐ No

If yes, please provide one of the following:

- proof of debt repayments
- bank statement showing the debt being repaid (*Note: we will do a credit check on all applicants*)

8. APPLICANT – CURRENT ACCOMMODATION INFORMATION

Please tick the box that describes your current housing situation ☐ Renting ☐ Boarding ☐ Homeless

What are your current weekly renting or boarding costs? \$

Please provide evidence of your current housing costs, if you have any, by providing any of the following:

- tenancy agreement
- rent book or receipts
- letter from household member charging board
- Work and Income statement that shows the rent you are paying
- a current bank statement showing automatic payments.

If you are homeless please tick the box that best describes your situation

☐ Temporary accommodation ☐ Without shelter ☐ Sharing accommodation ☐ Uninhabitable housing

Please provide details of the three most recent places you have lived in the last three years – include any temporary, homeless or institutional information.

Address	When/how long did you live there?	Reason for leaving

9. PARTNER/JOINT APPLICANT – CURRENT ACCOMMODATION INFORMATION

Please tick the box that describes your current housing situation ☐ Renting ☐ Boarding ☐ Homeless

What are your current weekly renting or boarding costs? \$

Please provide evidence of your current housing costs, if you have any, by providing any of the following:

- tenancy agreement
- rent book or receipts
- letter from household member charging board
- Work and Income statement that shows the rent you are paying
- a current bank statement showing automatic payments.

If you are homeless please tick the box that best describes your situation

☐ Temporary accommodation ☐ Without shelter ☐ Sharing accommodation ☐ Uninhabitable housing

Please provide details of the three most recent places you have lived in the last three years – include any temporary, homeless or institutional information.

Address	When/how long did you live there?	Reason for leaving

10. APPLICANT REFERENCES

Name:

Address:

Contact numbers:

Day

Night

Email address: *(if possible)*

Name:

Address:

Contact numbers:

Day

Night

Email address: *(if possible)*

11. PARTNER/JOINT APPLICANT REFERENCES

Name:

Address:

Contact numbers:

Day

Night

Email address: *(if possible)*

Name:

Address:

Contact numbers:

Day

Night

Email address: *(if possible)*

12. HEALTH AND COMMUNITY SUPPORT

This information helps us to work with other agencies to support your needs as a tenant and to ensure we understand what accommodation will best suit your needs.

Please provide details of your GP/doctor (or other health professional if you are not currently registered with a GP/doctor).

Name and service/medical centre:

Contact number:

Contact address:

Were you referred to City Housing by a support agency? ☐ Yes ☐ No

If yes, please tick who you were referred by or fill out under 'Other'

☐ Downtown Community Ministry ☐ Women's Refuge ☐ Prisoner Reintegration Scheme

Other

Do you or anyone in your household receive support to live independently? ☐ Yes ☐ No

If you answered yes, please detail below: *(Some examples are: case workers, support agencies, district nurses, social workers, meals on wheels or help with personal care)*

Support provider	Type of support	Contact details	Who in your household receives this support?

If you answered no, do you or anyone in your household need additional health or social support of any kind?

☐ Yes ☐ No

Would you like our tenant support coordinator to contact you to discuss your current needs? ☐ Yes ☐ No

Do you have special housing requirements? ☐ Yes ☐ No

If you answered yes, please provide a medical certificate/support letter from your GP/doctor/health professional detailing this information. Some examples include but are not limited to: mental health, addictions, mobility, blind or partially sighted, or other physical disability.

13. DECLARATION AND AUTHORISATION

This must be completed by the applicant(s)

I/We:

Name:

Address:

I/we declare that the information contained in this application is true and correct and acknowledge the right of Wellington City Council to check the validity of the information supplied, including medical information from my/our doctor or support worker if applicable. If any information contained in this application is misleading or false, this application will be cancelled.

I/we authorise City Housing, Wellington City Council to:

- (a) obtain a credit reference check from debt collection agencies and
- (b) disclose credit agency details of any debt collection agencies, and
- (c) discuss and exchange information with Work and Income
- (d) discuss and obtain income information from my employer(s)
- (e) discuss and exchange information with Inland Revenue
- (f) discuss and exchange information with my doctor, specialist, support person or any other health professionals
- (g) discuss and exchange information with Immigration New Zealand
- (h) reference check with my previous and current landlords or referees supplied.

Signed

Applicant: Date D /M /Y

Spouse/partner/joint applicant: Date D /M /Y

Witnessed by

City Housing Officer: Date D /M /Y

14. APPLICATION CHECKLIST

Use the following checklist to ensure you bring everything you need to your interview.

- ☐ A completed and signed City Housing application form
- ☐ Valid proof of identity (*see page 1*)
- ☐ Latest monthly bank statements (*with full transactions*) for all your bank accounts
- ☐ A copy of your Tenancy Agreement, if you are currently renting
- ☐ A summary of earnings from Inland Revenue for the past 12 months
- ☐ Further proof of income (*see page 4*)
- ☐ Details of your bank account(s)

Depending on your circumstances the following information may be required.

- ☐ If you are currently boarding, please provide a letter from the person who charges you board to verify how much you pay.
- ☐ If you own any assets, please provide documentation to show their value (*see page 4*).
- ☐ If there are legal issues or circumstances around the custody of any child or children in your care, please provide a letter from your solicitor or the family court stating the details of custody arrangements.
- ☐ If your current tenancy is coming to an end, please provide verification of this.
- ☐ If you are supported by agencies or have any special housing needs, please provide a letter from your support agency or your doctor to support this.
- ☐ If anyone in your household is expecting a baby, please provide a letter from your doctor or midwife stating when the baby is due.
- ☐ If you have any debts listed by debt collection agencies, please provide proof of repayments – such as a letter from the debt collection agency, or a bank statement showing the debt being repaid.

CITY HOUSING OFFICE USE ONLY

- ☐ Application form completed and signed?
- ☐ All personal IDs received?
- ☐ All proof of income received?
- ☐ Recent monthly bank statement(s) received?
- ☐ Supporting documents received, if applicable?
- ☐ Application meets residency eligibility?
- ☐ Credit check completed?
- ☐ References checked?

Date:

Time:

Interview:

Language:

☐ Interpreter booked

Notes: