



Thank you for your interest in Council's Housing Units.

The following items are contained for your information:

- **General information paper**
- **Application form for a Council Housing Unit**
- **Reference Form**



Thank you for requesting an information/application pack for a Council Housing Unit.

Please read the information fully.

Fill in the application forms and please note that section 6 (Statutory Declaration) and 7 (Privacy Declaration) both need **to be witnessed by a Solicitor of the High Court of New Zealand or a Justice of the Peace**

You will need to provide two references by people that know you, other than family.

As a responsible landlord it is appropriate for Council to consider the suitability of applicants applying to live in a Community Housing environment. In particular, Council shall consider the risk of damage to Community Housing Units and the impact on other tenants in a Community Housing environment.

If elderly, you will also require a letter from your GP indicating your state of health and that you are safe to live alone. This information will remain confidential and will only be used to assess tenant suitability.

The application, references and GP letter should be sent back to the Community Facilities Supervisor for processing.

We will contact you by phone or email when our checks have been completed.

If you wish to view our Council Housing Units please ring me to arrange an appointment on 03 419 0200

Viewing will also be determined if we have a vacant unit at the time.

You will be advised in writing within a week if you have been successful or if you have been placed on a waiting list if a suitable unit is not available.

Delwyn Burrow
COMMUNITY FACILITIES SUPERVISOR



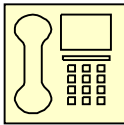
AGREEMENTS

Attached is a sample of the tenancy agreement for the units. The agreement is in accordance with the Residential Tenancies Act 2020. A copy of the completed agreement will be supplied to the tenant.



LOCKS

The tenant is not to change any locks at the units. Council holds master keys for access to the units in the event of an emergency. Spare keys can be arranged by contacting the nearest Service Centre.



TELEPHONE

All units have telephone cabling provided. However, if the tenant requires a telephone, it is their responsibility to arrange for the connection and disconnection of the service. Payment of all accounts is also the responsibility of the tenant.



ELECTRICITY

The tenant shall be responsible for the electricity account.



MOTOR VEHICLES

Some of the locations provide off street parking and limited covered parking. The allocation of parking space is on a first served, first come basis. There is no parking allocated to each unit. The covered parking is charged at \$5 per week. Please indicate in your application if you require allocation of a covered park.

For those locations without off street parking, the tenants are requested not to park their vehicles on the grass in order to prevent damage to the ground, especially during winter.



GROUNDS MAINTENANCE

The Council has arranged for contractors to undertake the maintenance of the grass and some gardens. The tenant is free and encouraged to maintain and plant the gardens surrounding the unit.

Any items of maintenance required on the grounds can be reported to the nearest service centre for the appropriate action.



GENERAL MAINTENANCE

Council conducts annual inspections to ascertain what the maintenance requirements are for each unit. This inspection also allows Council to check and update future maintenance plans.

Council will undertake most of the maintenance on the units and contractors will be engaged to do the maintenance. Should your unit require attention please contact the nearest Service Centre or call 03 419 0200 to advise them of your requirements.

The replacement of light bulbs is the responsibility of the tenant.

When the unit is vacated it will be inspected to check for any damage and the general cleanliness. If the unit requires cleaning after vacating Council will engage a contractor to complete this with the cost being charged back to the tenant.



The filled in application form along with two reference forms can be dropped off at any of the following places, to be passed on to the Community Facilities Supervisor:

Main Office (Balclutha) 1 Rosebank Terrace, Balclutha
Ph: 03 419 0200
Fax: 03 418 3185

Lawrence Service Centre 5 Peel St, Lawrence
Ph: 03 485 9909
Fax: 03 485 9013

Milton Service Centre 124-126 Union St, Milton
Ph: 03 417 8109
Fax: 03 417 8332

Tapanui Service Centre Suffolk Street, Tapanui
Ph: 03 204 8306
Fax: 03 204 8302

Office hours
Monday to Friday 8.30am to 5.00pm

Application for a Council Housing Unit 'CONFIDENTIAL'

Clutha
District Council



1. Applicant's details:			
Applicant's full name:	<input style="width: 100%;" type="text"/>		
Date of Birth:	<input style="width: 200px;" type="text"/>		
Applicant's address:	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Email:	<input style="width: 100%;" type="text"/>		
Contact Phone	<input style="width: 100%;" type="text"/>		
Spouse/Partner information:			
Name:	<input style="width: 100%;" type="text"/>		
Date of Birth:	<input style="width: 200px;" type="text"/>	Phone	<input style="width: 200px;" type="text"/>
Marital Status:	<input style="width: 100%;" type="text"/>		
2. Accommodation required - Please indicate the location of the units you wish to apply for:			
Balclutha – Argyle Street	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>
Balclutha – Naish Court	<input type="checkbox"/>	Milton – Elderlee Street	<input type="checkbox"/>
Balclutha – Toshvale	<input type="checkbox"/>	Milton – Spencer Street	<input type="checkbox"/>
Clinton	<input type="checkbox"/>	Tapanui	<input type="checkbox"/>
Kaitangata	<input type="checkbox"/>	Waihola	<input type="checkbox"/>
Owaka	<input type="checkbox"/>	You may wish to apply for more than 1 location	
3. Existing accommodation - Are you:			
Renting	<input type="checkbox"/>	Boarding	<input type="checkbox"/>
Living in own home	<input type="checkbox"/>	In emergency accommodation	<input type="checkbox"/>
Or other	<input type="checkbox"/>	... please state:	<input style="width: 100%;" type="text"/>
If you have lived at this address for less than five years, please give details of previous addresses in order and approximate time at each for last five years:			
1 st previous:	<input style="width: 100%;" type="text"/>		
2 nd previous:	<input style="width: 100%;" type="text"/>		
3 rd previous:	<input style="width: 100%;" type="text"/>		
If you are in accommodation other than your own home, please state:			
Landlord's Name:	<input style="width: 100%;" type="text"/>		
Landlord's Address:	<input style="width: 100%;" type="text"/>		

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240
P: 03 419 0200; F: 03 418 3185; E: help.desk@cluthadc.govt.nz
www.cluthadc.govt.nz

4. Medical	
If elderly, a doctor's note is required with your application, indicating your ability to look after yourself and remain safe. Please attach where necessary.	
5. Other details	
Are you:	
Retired	<input type="checkbox"/>
Beneficiary	<input type="checkbox"/>
Employed	<input type="checkbox"/>
..... Name of employer:	<input type="text"/>
... No. of years with employer:	<input type="text"/>
.....Employer's address:	<input type="text"/>
...If less than 5 years, name of previous employer:	<input type="text"/>
..... No. of years with previous employer:	<input type="text"/>
.....Previous employer's address:	<input type="text"/>
Next of Kin	
Name:	<input type="text"/>
Address:	<input type="text"/>
Contact number:	<input type="text"/>
Solicitor or Trustee	
Name:	<input type="text"/>
Address:	<input type="text"/>
Contact number:	<input type="text"/>
6. Statutory Declaration – to be witnessed by a Solicitor of the High Court of New Zealand or a Justice of the Peace	
I / We (full names):	<input type="text"/>
Of (full address):	<input type="text"/>
Occupation:	<input type="text"/>
do solemnly and sincerely declare that all statements made and all particulars contained in the foregoing application are, to the best of my/our knowledge, information and belief, true, full and correct in each and every particular, and I/we make the solemn declaration conscientiously believing the same to be true, and under and by virtue of the oaths and declarations Act 1957.	
Signature(s) Applicant:	<input type="text"/>
Declared at	<input type="text"/>
This	<input type="text"/>
Year	<input type="text"/>
Day of	<input type="text"/>
Before me	<input type="text"/>

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7. Privacy Declaration – to be witnessed by a Solicitor of the High Court of New Zealand or a Justice of the Peace

I / We (full names):

The applicant(s) by signing below specifically agree and acknowledge with Clutha District Council as follows:

1. That Clutha District Council hereby informs me that it may disclose to a credit reporting agency certain personal information about me including: information contained in this application; my identification; the amount of credit applied for; payments which may become more than 60 days overdue; advice that payments are no longer overdue; a serious infringement which Clutha District Council believes I have committed.

2. The Clutha District Council is assessing this application and any later request for a credit limit increase, may obtain from a credit reporting agency a credit report containing personal credit information about me and, a credit report containing information about my commercial activities or commercial credit worthiness.

3. Clutha District Council may give to and obtain from any third party, information about my personal or commercial credit arrangements including information about my credit worthiness, credit standing, credit history or credit capacity for the particular purpose for which the information is required.

Signature(s):

Declared at

This

Year

Day of

Before me



Clutha District Council

COMMUNITY HOUSING UNITS REFERENCE FORM

Applicant's Name:

I have known the applicant for years.

Recent contact with the applicant is:

- More than once a month in the last year
- About once a month
- About four times last year
- About twice last year
- Less than the above

1. In what context have you known the applicant eg. neighbour, at church, bowls etc.?

.....

2. Do you consider the applicant is honest and trustworthy?

Yes Mostly Not Always No Don't Know

3. Were you involved in their employment?

Yes No

If 'Yes', do you have any comments?

.....

.....

4. Are you aware of any criminal record?

Yes No

If 'Yes', do you know what it was?

.....

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5. Is the applicant able to live independently?

Yes Mostly Not Really No Not Sure

If 'Not Really', 'No' or 'Not Sure' what are the reasons?

.....
.....

6. Do you think this applicant will be compatible and get along with other elderly tenants who will live in close proximity?

Yes Mostly Not Really No Not Sure

If 'Not Really', 'No' or 'Not Sure' what are the reasons?

.....
.....

7. Would you recommend the Applicant as a tenant to the Clutha District Council?

Yes No Not Sure

If 'No' or 'Not Sure' what are the reasons?

.....
.....

8. Do you have any other comments you would like to make?

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

Name:

Signed:

Date:

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