

Subsidiary of Hutt City Council

APPLICATION FOR ACCOMMODATION

Nan	ne of applicant:				Date	of birth:	
<u>Spo</u>	use /partner /joi	int applicant:			Date o	of birth:	
<u>Pres</u>	sent address:					Phone:	
<u>Occ</u>	upation:						
<u>Emr</u>	oloyer:					Phone:	
	Address:		•••••		Numbe	r of years:	
<u>Join</u>	t applicant's em	ployer:			Phone:		
Nex	Address: t of kin:				••••••	Number of years:	
1.	Name:				Phone:		
	Address:						
	Relationship:						
2.	Name:	Phone:					
	Address:						
	Relationship:						
<u>Resi</u>	<u>idency</u>						
Wha	at country were y	ou born in?					
If no	ot NZ, how long h	nave you lived in NZ?					
<u>Fam</u>	ily information:	Provide details of al	ll who wi	ll be living with yo	ou		
	First name	Family name	<u>Sex</u>	Date of birth.	<u>Rela</u>	ationship to you	
			1		i		

PLEASE NOTE:

- Only 1 & 2 bedroom units are in our portfolio;
- The 2 bedroom units are reserved for couples/spouses/joint applicants. If you are an individual please apply for a 1 bedroom unit;
- Should Urban Plus offer you a unit, you are allowed only one decline, otherwise on the second decline your application will be put to the back of the waiting list;
- Our units are for the low income elderly only (65+). However, we will consider from 55+;
- No animals are allowed in Urban Plus Accommodation;
- Smoking is not permitted inside the units.

I hav	e read and unde	erstood the above information:			
Signa	ature/s:				
How	many bedrooms	s do you need?			
Curre	ent accommoda	tion information: (please tick)	☐ Renting	■ Boarding	g □ Other
If oth	ner, please give o	details		•••••	
How	long have you s	tayed at this address?			
How	much rent/boar	rd do you pay per week? \$			
Pleas	se give the name	e and address of the person you pa	y rent or board t	to:	
	Name:			Phone:	
	Address:				
Have	you previously	rented housing from Urban Plus?	□ Yes □	I No	
If yes	s, when?				
Address:					
<u>REFE</u>	RENCES:	Please supply two written charact	ter references fr	om persons o	other than relatives:
1.	Name:			Phone:	
	Address:				
2.	Name:			Phone:	
	Address:				

FINANCIAL INFORMATION

PLEASE NOTE: ALL INFORMATION PROVIDED IN THIS SECTION IS CONFIDENTIAL

Earnings

Weekly income after tax – both	\$		
*delete where inapplicable			
Wages from all jobs/ACC			
Benefit/allowance/accommoda	tion supple	ment	
Superannuation			
Family support			
Other income e.g. interest earn	ed/child su	pport	
(please specify)		
TOTAL			\$
Assets Do you have cash in the bank?	□ Yes	□ No	If yes, give details
Do you own any property?			If yes, give details
Do you have investments?			If yes, give details
Do you have any debts?		□ No	If yes, give details
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••

PLEASE NOTE: It is Urban Plus policy to do a credit check on prospective tenants, and making this application constitutes an authority to do so.

HEALTH SECTION

PLEASE NOTE: ALL INFORMATION PROVIDED IN THIS SECTION IS CONFIDENTIAL

In order to accurately assess your housing needs, you must provide the following information, both in respect of you and any other person that will be living with you. You must provide supporting information from your doctor (medical certificate) or your support worker (if you have one). If you do not provide this information, your application for tenancy with urbanplus may be at risk.

Physical disabilities ☐ Yes	■ No	
If yes, give details		
Psychiatric disabilities	☐ Yes	□ No
If yes, give details		
Intellectual disabilities	☐ Yes	□ No
If yes, give details		
Other disabilities	☐ Yes	□ No
If yes, give details		
After your application has be support worker to be present	•	sed you will be given an interview time. Would you like your view?
If no, please sign the following you are housed.	g statement	giving us permission to speak with your support worker before
		give permission for Urban Plus to contact my support mpact upon my housing needs with urbanplus.
Signed	Dat	re

DECLA	RATION AND AUTHORISATION This must be completed by the applicant/s				
knowle	leclare that the information contained in this application is true and correct to the best of my/our edge and acknowledge the right of Urban Plus Limited ("Urban Plus") to check the validity of the lation supplied including medical information from my doctor or key worker if applicable. If ding or false information is provided, this application may be cancelled.				
Signed	:				
	Spouse/Partner/Joint Applicant				
Witnes	urban Plus Limited Housing Manager/Agent Date				
	CREDIT REPORT AUTHORISATION				
As par Advan	t of the process for approving your application we need to obtain a credit check from Veda tage.				
To per	mit us to obtain that credit check we will require you to sign the form below.				
Hutt C	understand that Urban Plus Limited, a subsidiary of the ity Council, is asking for personal information about me and intends to apply to Veda Advantage reporting services for a credit check on me.				
I unde	rstand:				
	That Veda Advantage will give you information about me for that purpose;				
	You will give personal information about me to Veda Advantage and that Veda Advantage will hold that information on their system and use it to provide credit reporting services. I recognise that the information that you typically provide to Veda Advantage consists of my full name, date of birth and address;				
	When Veda Advantage customers use Veda Advantage credit reporting services Veda Advantage may give the information to those customers. If I default in my payment obligations to you information about that default may be given to Veda Advantage and Veda Advantage may give information about my default to other Veda Advantage customers;				
	I have read and signed the privacy statement under the Privacy Act 1993 attached.				
Signat	ure/s:				
Full Na	nme/s:				