

The Buller District Council owns and maintains a number of housing units designed to cater for the needs of elderly residents. A total of forty-four units are available in Westport (26), Reefton (16), and Karamea (2).

Council accepts applications for elderly housing at any stage during the year. The minimum age for eligibility is 60 years, unless the applicant has other proven needs. Applicants must be able to live independently. Council does not at this time have units suitable for people with disabilities or moderate mobility concerns. You will receive an acknowledgement of your eligibility in writing, and will be added to the waiting list for available units.

The properties are almost always fully occupied, although a number generally become available each year. As vacancies arise, applications are reviewed by a confidential housing committee, (made up of Council representatives and members of local health and social support agencies) and offers made at this time. Persons waiting for housing will be contacted by Council once every six months, to ascertain whether they wish to remain on the list.

Units are contained within various sized complexes from two to twelve units. Council undertakes repair and maintenance of the property and grounds. Full tenancy conditions are included in the tenancy agreement.

If you require further assistance completing this application, our staff are more than happy to assist you.

**Application for tenancy in a Council elderly persons unit**

Date of application: ...../...../.....

I/We wish to apply for tenancy in a Council elderly persons unit

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Length of residence in New Zealand:    Length of residence in Buller:

Current Address: \_\_\_\_\_

I/We are presently living

own home                       with relatives                       rented accommodation

other (please specify) \_\_\_\_\_

Name and address of next of kin: \_\_\_\_\_  
\_\_\_\_\_

What is the present condition of your health? \_\_\_\_\_  
\_\_\_\_\_

Name of medical provider: \_\_\_\_\_

Are you able to housekeep and cook for yourself? \_\_\_\_\_

Do you have a physical disability? If so, please describe \_\_\_\_\_  
\_\_\_\_\_

Do you smoke? (please tick)  Yes  No

Enclose two references, or if these are not available, give the names of two local citizens who will be able to testify for you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State here any further details of your circumstances which may assist the Committee when your application is being considered.

\_\_\_\_\_  
\_\_\_\_\_

**STATUTORY DECLARATION**

I \_\_\_\_\_  
(Name in full)

Of \_\_\_\_\_  
(Address in full)

Designation (ie pensioner, married, etc): \_\_\_\_\_

Sincerely, declare that my/our answers are to the best of my/our knowledge true and correct in every particular: and I/we made this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths at Declaration Act 1975.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Declarant \_\_\_\_\_

Signature of Declarant \_\_\_\_\_

Before me

\_\_\_\_\_  
A Justice of the Peace or Solicitor of the High Court  
or Officer authorised to take Statutory Declarations