

Accessible Properties: APPLICATION FOR HOUSING

Name of applicant/s:

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Application process:

Please complete the application form and attach the documents listed on page 2. Submit the form to Accessible Properties by post or email.

Accessible Properties will assess your application form and obtain a credit check. You may be asked for further documentation. If this is not supplied to Accessible Properties within one month, your application will be cancelled.

If you are found to be eligible you will be invited to an interview where your housing need will be assessed. You are welcome to bring a member of your whanau, a support worker, or an interpreter.

If you are found to be ineligible you will be informed in writing.

Please send completed application forms to:

Accessible Properties Ltd
PO Box 1974
Wellington
0800 862 769

Or email:

Info@accessibleproperties.co.nz

Privacy statement:

Accessible Properties will keep the information you provide secure in accordance with the Privacy Act 1993. This means Accessible Properties will not share this information with other agencies, unless you give them permission. You have the right to access and correct any personal information held about you by Accessible Properties. You are not required by law to provide the information requested, but if you do not provide it Accessible Properties may decline your application.

If you require any support completing this application please do not hesitate to contact us.

Application Eligibility

To be eligible for an Accessible Properties home, you must meet the following requirements:

Residency Status

Your residency status must be one of the following:

- New Zealand Resident
- Immigrant granted Refugee status
- Immigrant in possession of a NZ Residence Visa
- Immigrant in possession of a NZ Residence Permit
- Immigrant in possession of a Returning Residence Visa

Income

Your **household** income must be below the following thresholds:

Family Type Net Income after tax	Annual	Weekly
Single person living alone	\$34,345.58	\$660.49
Other	\$44,032.56	\$846.78

Assets

Your total assets must be below the threshold of \$42,700. Please see page 6 for further details on items counted as assets.

If your income and or assets are above the threshold, please discuss this with us.

Note: This application is for an Accessible Properties home at an affordable rental. Before you make this application we recommend you check whether you would be eligible for social housing support from MSD. www.housing.msd.govt.nz This would involve an assessment process through Work and Income. If you are eligible for the Social Housing Register this will enable you to access Income Related Rent (IRR). Accessible Properties can offer placements for applicants on the MSD Social Housing Register.

Please include the following documents with your application:

1. Income details

Please provide details of all sources of income

For beneficiaries: Please provide an Income Statement for the last 52 weeks from Work and Income New Zealand. This can be obtained by phoning them on 0800 559 009. You will receive the statement by post.

For wage/salary earners: Please obtain this information from your employer.

2. Proof of identification/residency

We require documented proof that you were either born in New Zealand or have been granted permanent residency to live in New Zealand. Proof can be:

- a) A birth certificate
- b) A passport
- c) A statutory declaration (obtainable from a Justice of the Peace/District Court)

Proof of residency is also required for all people living with you. This includes one of the documents listed above, or confirmation (including their date of birth) from Work and Income New Zealand.

3. Proof of assets

This includes:

- a) The latest monthly bank statements for all your bank accounts
- b) Solicitors letter (if you have had any interest in property in the last five years)

4. Agency support form if relevant

5. Referral from health services if relevant

6. Other supporting documents if relevant:

- Doctors certificate for health issues
- Tenancy termination letter
- Supporting letters from support worker or Probation Officer
- Reference from previous/current landlord

Please note that we will not be able to progress your application unless you supply all the requested information. You may also be required to complete a statutory declaration concerning income and assets before an Accessible Properties home can be allocated.



Mrs/Miss/Ms/Mr

Surname: First/Given names:

Known as:

Gender (please tick) Male Female Date of birth : / / Age:

Place of birth : Nationality:

Residency status (please specify):

What is your main source of income?

Full-time employment Part-time employment

Benefit (please specify type below)

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Superannuation Other (please specify)

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What is your regular income after tax? \$

Weekly Fortnightly

Other sources of income (please specify) \$

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Weekly Fortnightly

Marital status

Single Married Partner

Number of people who will live in the home: Number of adults: Number of children:

Names	M/F	Date of birth	Relationship to you	NZ Resident	
	M <input type="checkbox"/> F <input type="checkbox"/>	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note: Residency status must be provided for new household members.

Current address:

Phone: Home

Work

Mobile

Have you or a **member of your household** rented from Accessible Properties before?

Yes

No

What is the combined take home income for your household?

Total \$

Weekly

Fortnightly



Mrs/Miss/Ms/Mr

Surname: First/Given names:

Known as:

Gender (please tick) Male Female Date of birth : / / Age:

Place of birth : Nationality:

Residency status (please specify):

What is your relationship with Applicant 1?

Married Partner Relative Friend

What is your main source of income?

Full-time employment Part-time employment

Benefit (please specify type below)

.....
.....

Superannuation Other (please specify)

.....

What is your regular income after tax? \$

Weekly Fortnightly

Other sources of income (please specify) \$

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

Weekly Fortnightly



Please describe your current situation(s) and why you require housing with Accessible Properties

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Do you or any member of your household require any particular type of accommodation to assist with a disability?

Yes No If yes, please provide details

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Please list your preferred areas for housing (suburbs):

1.
2.
3.
4.

Please identify the number of bedrooms required:

- 1 bedroom
- 1 double bedroom (suitable for couple)
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 bedrooms

Please identify any other facilities required:

- Garage
- Wheelchair access
- Off-street parking
- No stairs
- Wet area shower
- Mobility/accessibility improvements

Comments

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Assets include:

- All motor vehicles
- Prepaid funeral expenses in excess of \$10,000
- Cash-in-hand in excess of \$2,372
- Bank deposits
- Private superannuation schemes
- Bonus bonds

- Family trusts
- Boats
- Other investments
- Other items of value in excess of \$3,558 per item
- Kiwisaver

Assets do not include furniture or personal effects **unless they are over \$3,558.**

Asset	Approximate value	Supporting documentation included?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>



Please complete this section if you, your spouse/partner, or anyone else named in this application own, or have owned, property within the last 5 years.

Real estate currently owned (in full or in part)

Real estate sold in the last five years

Address :

Address :

Reasons for not living in the property:

Date sold: / /

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Sale price \$

Settlement you received \$

Supporting documentation will be required to progress your application



Accessible Properties is requesting this information to make sure tenants are well supported.

“Accessible Properties is committed to providing good quality homes to people with disabilities, older people, or those on low incomes. We work with other agencies to help facilitate necessary support.”

Are there organisation(s) that will provide support to your household to live in this house?

Yes No If yes, please ask the contact person within each organisation to fill out the below section:

Organisation:

Contact name:

Email:

Mobile:

What type of contact do you have with the applicant(s), and what support do you provide?

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Are there any work, social, or leisure activities the applicant is involved in that would require accommodation in a particular area?

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Is there any additional information that would help us to meet the applicant/s needs?

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Signature: Date / /



Organisation:

Contact name:

Email:

Mobile:

What type of contact do you have with the applicant(s), and what support do you provide?

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Are there any work, social, or leisure activities the applicant is involved in that would require a ccommodation in a particular area?

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Is there any additional information that would help us to meet the applicant/s needs?

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Signature: Date / /



If I,, accept an Accessible Properties tenancy and Accessible Properties has real and justifiable concerns about my tenancy or wellbeing, I give them permission to contact the following people:

Support worker/key person:

Phone: Daytime After hours

Family member/whanau/friend:

Phone: Daytime After hours

Declaration

I/we authorise Accessible Properties

1. To obtain, and any agency to disclose, a credit reference check.
2. To disclose to a credit agency details of any indebtedness to Accessible Properties.
3. To obtain my/our forwarding address upon vacation of an Accessible Properties Property.

I/we declare that the information contained in this application is true and correct.

I/we acknowledge the right of Accessible Properties to check the validity of the information supplied with regard to my application and ongoing tenancy.

If the information provided is misleading or false, the application may be cancelled.

Applicant 1

Name (please print):

Signature: Date / /

Applicant 2

Name (please print):

Signature: Date / /