

## APPLICATION FOR ACCOMMODATION

**Name of applicant:** ..... Date of birth:.....

**Spouse /partner /  
joint applicant:** ..... Date of birth:.....

**Present address:** ..... Phone: .....

**Occupation:** .....

**Employer:** ..... Phone: .....

Address: ..... Number of years: .....

.....

**Joint applicant's  
employer:** ..... Phone: .....

Address: ..... Number of years: .....

.....

### **Next of kin:**

1. Name: ..... Phone: .....

Address: .....

Relationship: .....

2. Name: ..... Phone: .....

Address: .....

Relationship: .....

### **Residency**

What country were you born in? .....

If not NZ, how long have you lived in NZ? .....

**Family information:**

Provide details of all who will be living with you

<u>First name</u>	<u>Family name</u>	<u>Sex</u>	<u>Date of birth.</u>	<u>Relationship to you</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

How many bedrooms do you need? .....

**PLEASE NOTE: NO ANIMALS ALLOWED IN URBANPLUS ACCOMMODATION**

Current accommodation information: (please tick)  Renting  Boarding  Other

If other, please give details .....

How long have you stayed at this address? .....

How much rent/board do you pay per week? \$.....

Please give the name and address of the person you pay rent or board to:

Name: ..... Phone: .....

Address: .....

Have you previously rented housing from urbanplus?  Yes  No

If yes, when? .....

Address: .....

**REFERENCES:** Please supply two **written** character references from persons other than relatives:

1. Name: ..... Phone: .....

Address: .....

2. Name: ..... Phone: .....

Address: .....

## FINANCIAL INFORMATION

**PLEASE NOTE: ALL INFORMATION PROVIDED IN THIS SECTION IS CONFIDENTIAL**

### Earnings

<b><u>Weekly income after tax - both applicants</u></b>	\$
<i>*delete where inapplicable</i>	
Wages from all jobs/ ACC	.....
Benefit/ allowance/ accommodation supplement	.....
Superannuation	.....
Family support	.....
Other income e.g. interest earned/ child support (please specify .....	.....
<b>TOTAL</b>	\$.....

### Assets

Do you have cash in the bank?  Yes  No    If yes, give details .....

.....

Do you own any property?  Yes  No    If yes, give details .....

.....

Do you have investments?  Yes  No    If yes, give details .....

.....

Do you have any debts?  Yes  No    If yes, give details .....

.....

**PLEASE NOTE: It is urbanplus 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 been processed you will be given an interview time. Would you like your support worker to be present at this interview?             Yes     No

If no, please sign the following statement giving us permission to speak with your support worker before you are housed.

I ..... give permission for urbanplus to contact my support worker to discuss any matters that may impact upon my housing needs with urbanplus.

Signed ..... Date .....



## DECLARATION AND AUTHORISATION

This must be completed by the applicant/s

I/we declare that the information contained in this application is true and correct to the best of my/our knowledge and acknowledge the right of Urbanplus Ltd ("urbanplus") to check the validity of the information supplied including medical information from my doctor or key worker if applicable. If misleading or false information is provided, this application may be cancelled.

Signed: .....

Applicant

.....  
Spouse/Partner/Joint Applicant

Witnessed by: .....

Urbanplus Ltd Housing Officer/Agent

.....  
Date

## PRIVACY STATEMENT

I/we acknowledge that:

1. Personal information concerning me provided to Urbanplus Ltd ("urbanplus"), whether contained in this request or otherwise obtained is provided and may be held, used and disclosed by urbanplus:
  - a) to process and determine this application
  - b) to enable urbanplus to communicate with me for any purpose;
  - c) to enable urbanplus to provide me, or have provided to me, advice and information concerning products and services that urbanplus believes may be of interest to me;
  - d) to enable urbanplus to administer and maintain its records and carry out its required function.
2. The personal information provided in this request is collected by and will be held by urbanplus, whose address is Private Bag 31912, 1 Market Grove, Lower Hutt.
3. I have the right under the Privacy Act 1993 to obtain access to and to request correction of any information held by urbanplus concerning me.

Signed: \_\_\_\_\_