



TE KAUNIHERA Ā ROHE O
WHAKAAHURANGI
STRATFORD
DISTRICT COUNCIL

Housing for the Elderly Application

Applications will be considered from those:

- Aged 65 years or older
- Receive a pension, benefit, or otherwise are on a low income and
- Have total assets not exceeding \$50,000, excluding one vehicle

Applicant(s) details Mr/Mrs/Miss/Ms (please circle one)

First name _____ Middle Name _____

Surname _____ Known as _____

Address _____

Suburb/Area _____ Town _____

Home Phone _____ Mobile phone _____

Date of Birth _____ Present age _____

Do you receive a Benefit Yes / No What type of Benefit _____

Time lived in Stratford District _____

Family connection to Stratford District _____

Income and Assets details

Do you own a vehicle? Yes / No Do you own your own home? Yes / No

Weekly Income \$ _____ Source of Income _____

Current value of Assets \$ _____

References

Current Landlord name _____ Phone number _____

Personal Reference _____ Phone number _____

Signature

I have read and understood this application form

Signature of Applicant _____ Date _____

Please complete this form and return to Stratford District Council; or post to
Stratford District Council
PO BOX 320
Stratford