



Housing for Older Persons Application

Please see the Housing for Older Persons Policy for eligibility criteria. Complete this form and return using one of the following methods.

Office: 63 Miranda Street, Stratford

Postal: PO Box 320, Stratford 4352

Email: StratfordDC@Stratford.govt.nz

APPLICANT(S) DETAILS

Mr Mrs Miss Ms

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 \$ *(excluding one motor vehicle, furniture and personal effects, and a funeral plan up to \$10,000).*

REFERENCES

Current Landlord name Phone

Personal Reference Phone

SIGNATURE

I have read and understood this application form

Signature of Applicant Date