

# Housing Application Form

Christchurch Methodist Mission (CMM) has a limited number of properties available for families having difficulty finding affordable, safe and secure housing. Priority is given to those in greatest need. Please complete this form to determine priority and type of accommodation required. Assistance is available to help you fill out this application.

## ELIGIBILITY

To be eligible for CMM housing, applicants must be on MSD's Social Housing Register. You will need to sign a privacy consent form (provided with this application form) for CMM to confirm that you are live on this register.

## UNDERSTANDING THE PROCESS

The length and time an applicant has to wait depends on their circumstances and current availability of CMM housing. Please note: CMM housing is allocated on the basis of need NOT how long someone has been on the waiting list.

While on the waiting list, applicants may be contacted regularly by CMM to check their details are still correct. Applicants should respond to remain on the waiting list.

Prioritisation is given on the basis of health needs, personal safety, current living arrangements, and family considerations. CMM will only offer the size and type of accommodation that is appropriate to the household. CMM does not discriminate on gender, marital status, religious belief, race or nationality, disability, age, political opinion, family status, employment status or sexual orientation.

Before any tenancy is offered, the applicant will be asked to view the property with a CMM representative. On agreeing to move in, tenants need to complete a tenancy agreement, pay up to four weeks rent as bond and two weeks rent in advance. Tenants are eligible for income related rent. MSD will advise the amount of rent a tenant will pay.

## PRIVACY STATEMENT

Personal information is collected for CMM application process and tenancy records only. Your personal information will not be shared with any third party, other than MSD (as per consent form provided with this application form). You have the right of access to and correction of any personal information held about you by CMM.

# PERSONAL DETAILS

## Applicant One

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Known as \_\_\_\_\_ DOB \_\_\_\_\_

Work and Income Number (SWN) \_\_\_\_\_

Income (Benefit Type / Wages) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Residency Status (NZ Citizen/Other) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Iwi \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

## Applicant Two (if applicable)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Known as \_\_\_\_\_ DOB \_\_\_\_\_

Work and Income Number (SWN) \_\_\_\_\_

Income (Benefit Type / Wages) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Residency Status (NZ Citizen/Other) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Iwi \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Relationship to Applicant One \_\_\_\_\_

## Other Household Members

Name	Gender	DOB	Relationship to Applicant

## CURRENT ACCOMMODATION

Address \_\_\_\_\_

\_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Why do you need to move? Please give details of the reasons you cannot sustain your current accommodation. Please provide as much information as possible.

## HOUSEHOLD DETAILS

Do you own a pet? Yes  No  If yes, what type? \_\_\_\_\_

Do you or anyone living in your household require any particular type of accommodation to assist with a disability or health issue?

Yes  No  If yes, please give details

## OTHER INFORMATION

### Support Services

Which support services are you currently in contact with? (Please include the name and contact details of your support person for each agency)

### Criminal Conviction

Do you have a criminal conviction? Yes  No  If yes, please provide details \_\_\_\_\_

---

Do you have any gang associations or affiliations? Yes  No  If yes, please provide details \_\_\_\_\_

---

### References

Please provide two people we can contact for a reference

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

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

## APPLICATION AGREEMENT

- > I sincerely declare that the information on this form is to the best of my knowledge true and correct.
- > I understand this application is not an offer of tenancy and I may be on a waiting list.
- > I understand that CMM houses/units are smoke free (smoking is allowed outside) and illegal substances are NOT permitted on the grounds or inside the units. Alcohol may not be consumed in communal areas
- > I give permission for a police check as a standard part of the tenancing process.

Applicant One Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Two Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Pursuant to principle 3 and 10 of the Privacy Act 1993

- 1 This information is being collected to enable the Christchurch Methodist Mission (CMM) to process housing applications and set up tenancy documents.
- 2 The intended user and holder of this information is the CMM
- 3 You have the right of access to and correction of any personal information held about you by CMM
- 4 The personal information is not required by law. However, if refused, CMM may decline your application
- 5 The personal information will be kept by CMM. Unless you have given your consent and subject to legislation the personal information will not be shared with anyone not involved in processing your application.
- 6 If your application is unsuccessful, all personal information will be destroyed unless you request that we keep it on file for future vacancies.

SAVE FORM

EMAIL FORM