

**EXPRESSION OF INTEREST IN AUCKLAND
COUNCIL'S "OWN-YOUR-OWN" PENSIONER
HOUSING SCHEME**

Name: Mr / Mrs/ Miss / Ms _____

Contact: Home Phone: _____ Mobile: _____

E-mail: _____

[Note: Please feel free to also supply a family members' permanent email address to ensure contact can be made when a unit becomes available for you]

Present Address: _____

Address for correspondence: (if different from above) _____

[Note: Please advise us should your contact details change after you have submitted this form to us]

Please refer to the schedule listing below for the location of the Own-Your-Own units:

<u>Central</u>	<u>North</u>	<u>West</u>	<u>South</u>
- Burch Street (Mt Albert)	- Bardia Street (Belmont)	- New Windsor	- Tripoli Road
- Carrick Place (Mt Eden)	- Bayswater Avenue	Road (Avondale)	(Panmure)
- Coyle Street	(Bayswater)		- Westminster Court
(Sandringham)	- John Bracken Way		(Howick)
- Trafalgar Street	(Beach Haven)		
(Onehunga)			

Please state the locations you would be interested in:

Preference 1 _____

Preference 2 _____

Preference 3 _____

1. Do you require a one or two bedroom unit? One / Two

[The unit must be for your own use and occupation. Units are not to be sublet or rented out]

2. Do you require a garage / carport? Yes / No

[Not all units have a garage / carport]

3. Age:

- Applicant Date of Birth _____ - Spouse/partner (if applicable) Date of Birth _____

4. Length of residence in Auckland City: _____ years _____ months

5. Do you and your spouse/partner (if applicable) enjoy good health? Yes/No

If not, please list brief details: _____

6. Do you and your spouse/partner (if applicable) have any physical disabilities? Yes/No

If so, please give details: _____

7. Do you receive superannuation? Yes/No

What is the fortnightly amount?

\$ _____

8. Assessment Criteria (please, tick a relevant box):

- be aged 65 years or over (as a general rule)
- be a super annuitant (receiving National Superannuation or similar)
- be of modest means (without significant investments, like investment properties)
- be able to purchase a unit outright without a mortgage (some exceptions apply)
- be the occupier of the unit (unit is not to be rented out): it is not possible for younger family to live in the unit with the owner on a permanent basis

9. Additional information you may wish to provide for our consideration:

10. How did you hear about us (please tick a relevant box):

- Auckland Council web site or other search (please, specify) _____
- Press
- Word of mouth
- Other (please, specify) _____

Signature: _____

Date of Application: _____

Note: The information you provide to us is regarded as private and confidential. Although we appreciate your interest in our Own Your Own housing scheme, we advise that this does not oblige Auckland Council to allocate you a unit. Some units are subject to a waiting list.

Please return completed form to:

Community Lease Advisor (Own-Your-Own), Community Facilities, Auckland Council

Private Bag 92300, AUCKLAND 1142