

RESIDENCY APPLICATION FORM

The information you record in this application is required by Ryder-Cheshire Foundation (Waikato) Charitable Trust for the purposes of assessing your eligibility as a resident or tenant of one of its properties.

ABOUT RYDER-CHESHIRE FOUNDATION (WAIKATO) CHARITABLE TRUST

Ryder-Cheshire Foundation (Waikato) Charitable Trust or 'RCFW' is a registered charitable trust which owns and oversees the operation of several wheel-chair friendly, accessible homes, purpose-built for the needs of people living disabilities.

Homes were designed to allow residents to achieve qualities of independence, care, companionship and accessibility within the local community. You don't need to use a wheelchair to live with us, but generally people have some sort of functional disability. Talk to us if you are unsure.

All rents include reasonable power use and the grounds maintained. Each house is furnished and outfitted with appliances, except for the bedrooms, where people use their own beds and dressers etc.

Residents in each of the shared flatting houses sign a residency agreement between themselves and RCFW while sourcing their own support people, if they need them, through the individual's choice of preferred service provider via the NASC or other such agency. Accept a provisional tenancy period of three months to assess their compatibility to living within a shared household.

RCFW also leases a home to NZ Care Group who run a 24/7 managed care facility for residents with higher needs. To enquire about this accommodation please contact NZ Care Group directly or Disability Support Link can make a referral to them on your behalf.

All the homes are smoke-free, vape-free, drug free and pet free.

If you have accommodation enquiries for yourself, a family member, friend or client feel free to text, call or send an email to the above contact details.

HOW TO COMPLETE THIS APPLICATION FORM

- (i) Please ensure that all information required on the form is completed
- (ii) Where tick boxes ☒ are provided please ensure you select the box that applies
- (iii) If there is insufficient room on the form to provide all the required information you should continue your application on a separate sheet of paper
- (iv) If the application requires you to provide further information you must include all documents, information or evidence you wish Ryder Cheshire Foundation to consider

CHECKLIST OF DOCUMENTS

- ☐ Residency application form fully completed
- ☐ Copy of ID - birth certificate, passport or drivers licence included
- ☐ Copy of Photographic ID (e.g. drivers licence, passport, 18+ card)
- ☐ Copy of medical officers report regarding your disability
- ☐ Copy of social or support worker report regarding support you require
- ☐ Copy of any other relevant documentation you consider necessary to accompany your application

PROPERTY BEING APPLIED FOR

Address:

Bond:

Weekly Rent:

*plus set amount for the
communal fund*

Room comes with:

Own Toilet

☐

or

Shared Bathroom

☐

Designated Carpark

☐

or

Shared Carpark

☐

- No smoking, vaping or illegal drugs are allowed at this property
- Dogs are not permitted

APPLICANT DETAILSFull Name: (as per
Photo ID)

Any Aliases:

Phone:

Landline

Mobile

Email:

Date of Birth:

/ /

Verified by: (e.g. drivers
licence, passport, 18+ card)

I.D Number:

If Drivers Licence state Version No (5b):

Marital Status:

☐

Single

☐

Married/De facto/Civil Union

☐

Widow(er)

Smoker:

☐

Yes

☐

No

Children:

☐

Yes

☐

No

CURRENT ADDRESS

Current Address:

Postcode

How long have you lived at this
address?

What is your reason for moving?

Landlords Name:

Landlords Phone:

EMERGENCY CONTACT / POWER OF ATTORNEY DETAILS

Full Name:

Phone:

Landline

Mobile

Email:

Relationship to you:

If your emergency contact person also holds Power of Attorney for you please provide a certificate or letter of non-revocation of power of attorney and a certified copy of the power of attorney document.

TRANSPORTATION

Do you own a motor vehicle?

☐

Yes

☐

No

If you ticked 'Yes' -

What is your vehicle registration number?

What is your vehicle make? (e.g. Toyota)

What is your vehicle model? (e.g. Corolla)

What colour is your vehicle?

REFERENCES

RCFW requires at least two references who can comment on your character. They cannot be family members nor people you intend to live with :

Referee (1)

Name:

Phone:

Mobile:

Email:

Relationship to you (e.g. Friend, Support Person)

Referee (2)

Name:

Phone:

Mobile:

Email:

Relationship to you (e.g. Friend, Support Person)

Referee (3)

Name:

Phone:

Mobile:

Email:

Relationship to you (e.g. Friend, Support Person)

Do you provide authorisation for RCFW to contact any two of your named referees regarding your character?

☐

Yes

☐

No

OTHER INFORMATION

No. of Intended Occupants:

☐

Adults

☐

Children

Have you ever lived in a Ryder Cheshire home before?

☐

Yes

☐

No

Have you ever had Tenancy Tribunal Orders issued against you?

☐

Yes

☐

No

Have you any criminal convictions?

☐

Yes

☐

No

If 'Yes' -

Do you have any terms or conditions you must abide by?

☐

Yes

☐

No

Who should we contact to verify or discuss your terms or conditions?

Organisation:

Name:

Phone:

Mobile:

Email:

Do you provide authorisation for RCFW to contact the above person regarding your terms or conditions?

☐

Yes

☐

No

HEALTH AND WELLBEING

For this section please provide:

(i) In your own words, a brief description of your disability and any other medical conditions RCFW should know about

(ii) A letter or report from your registered medical officer or provider verifying your disability and any other medical conditions RCFW should know about (including Medic alerts? Risk of falls?)

SUPPORT / AGENCIES

Do you have a Primary Carer?

☐

Yes

☐

No

If you ticked 'Yes' please provide details:

Organisation:

Name:

Phone

 Email

Are you working with an Agency?

☐

Yes

☐

No

If you ticked 'Yes' please provide details:

Organisation:

Name:

Phone

 Email

Do you have any daily tasks you need assistance and or supervision with?

☐

Yes

☐

No

If you ticked 'Yes' please provide details:

Who will support your personal cares?

☐

Myself

☐

Other

If you ticked 'Other' please provide details:

Organisation:

Name:

Phone

 Email

Who will support your household cleaning tasks?

☐

Myself

☐

Other

If you ticked 'Other' please provide details:

Organisation:

Name:

Phone

 Email

PRIVACY DISCLOSURE STATEMENT

- Ryder-Cheshire Foundation (Waikato) Charitable Trust or 'RCFW' collects your personal information in order to:
 - Assess your eligibility as a resident or tenant of an RCFW property
 - Determine whether placement in an RCFW property can meet your disability needs
 - Determine whether placement in an RCFW property can meet any legal requirements or conditions
 - Determine whether placement in an RCFW property matches other residents wellbeing
 - Maintain accurate records within RCFW
- Ryder-Cheshire Foundation (Waikato) Charitable Trust operates under the Privacy Act 1993. We collect information about you in this form to assess your application for a residency or tenancy. We may also need to collect information about you from your previous landlord or agent, your current employer and your referees. We will also check whether any details of tenancy default by you are held on a tenancy default database operated by T.I.N.Z. Your consent to us collecting this information is set out below. If this application is successful we may disclose your details to service providers relevant to RCFW residency or tenancy relationships including maintenance contractors and the trusts insurers. You have the right to access your personal information that we hold about you by contacting our Property Manager. If you do not complete this form, or do not disclose all relevant information, or do not sign the consent below then your application for a residency or tenancy may not be considered or, if considered, may be rejected.

AUTHORISATION AND ACCEPTANCE

By signing below you authorise and agree for Ryder-Cheshire Foundation (Waikato) to

- Use the information contained in your application and supporting documents to assess your eligibility for housing.
- Store information pertaining to my residency or tenancy on our databases.
- Talk to appropriate people or agencies to obtain further information **IF** required to assist with suitable matching and or placement.

Ryder-Cheshire Foundation (Waikato) confirms that this application and supporting documents provided by you will be kept in a secure manner by RCFWW personnel. You have the right to view and or correct any parts of your application or supporting documents on request to the Operations Manager.

I, _____ (enter your name)

confirm that I have read and understand the above statement and that the contents of my application are true, full and correct to the best of my knowledge. I understand that any resident or tenancy agreement can be terminated if I have not fully or honestly disclosed information requested.

Signature: _____

Date: _____ / _____ / _____