HILLVIEW VILLAGE

APPLICATION FORM

DISCLOSURE: The Hillview Board of Trustees (hereinafter referred to as the Board) records that the Hillview Village stands independently of and is in no way connected to or is in any way reliant upon the services that Hillview provides.

1. Name/s: _____

   _____

2. Address/s: _____

   _____

3. Contact telephone numbers: _____

4. Email Address/s: _____

5. Age of Applicant/s: _____

6. Smoker/Vapour: YES NO (Please circle your answer).

7. Agree to allow the Board to conduct Police vetting: YES NO (Please circle your answer).

8. Do you suffer from any mental illness that may directly or indirectly adversely affect other occupants of units? YES NO (Please circle your answer). If yes, please provide full details of same below.

9. Do you own any pets? YES NO (Please circle your answer and provide full details below including the number, type and size of the pet/s).

10. Do you currently have, or have you previously had any condition that may affect your ability to live independently? YES NO (Please circle your answer). If your answer is YES, please provide a full and detailed record of the condition/s that may affect your ability to live independently below.

11. Do you currently have or have you in the past had any direct association with Hillview whether such association was on a voluntary basis or otherwise. YES NO (Please circle your answer). If yes, please provide full details below including the nature, duration and whether such association was on a voluntary basis or not.

12. Please provide below any other detail/information that you believe may positively or adversely affect your application.

13. If you are a past resident of Waitomo District Council please state the period you resided here.

TERMS AND CONDITIONS

1. Minimum entry age of applicant/s including their partner or spouse: 65-years-old as at date of signature of this application. (Proof of age may be requested by the Board).

2. Applicant/s must be a current resident of the Waitomo District or have been a prior resident of Waitomo District Council.(Proof of residence may be requested by the Board).

3. This application **ONLY** determines your eligibility for a unit and is **NOT** a guarantee that you will secure a unit.

4. The selection process **MAY** follow a ballot system.

5. All applicants that are successful and secure a unit shall be required to sign a standard rental agreement.

6. The Board reserves the right to apply any further Terms and Conditions that they in their absolute and unfettered discretion, deem appropriate.

7. **Completed Application forms are to be returned to Hillview Reception or emailed to Hillview General Manager – gm@hillviewtk.co.nz**

I/ We, the undersigned confirm and acknowledge having read and understood the terms and conditions contained herein and further confirm that the contents of this application completed by me/us is all true and correct knowing that the Board will rely on same.

Initial/s

I/We further acknowledge that to the extent that the Board will rely on the content of this application, should the Board discover any false or incorrect information has been supplied, the Board reserves the right to cancel this application without furnishing any reason therefor.

Initial/s

I/We waive my/our rights under the Privacy Act and specifically consent to the Board discussing the content of this application with 3rd parties to the extent that the Board needs to in order to decide on this application. I/ We further acknowledge that the contents of this application are specifically excluded from said Act.

Initial/s

Dated at on this day of 2023.

Signature: _____ Signature:_____