

Housing Agency Referral Form

Send completed PDF to referrals@tcht.org.nz

0800 548 248

Version

24 7.26

Eligibility Criteria (select option)

Community Housing

On the MSD Social Housing Register

Eligible for IRRS

55+, or 18+ with a qualifying disability or chronic health condition

Singles and couples

Transitional Housing

Housing need identified by MSD

Eligible for IRRS

Families, couples or singles

A referral to TCHT for Housing is not a guarantee of housing.

Clients and agencies are strongly encouraged to continue to seek housing from other sources.

Preferred location

Tauranga

Te Puke

Whakatane

HOUSING REFERRERS DETAILS

Referral Date	
Agency Name	
Agency Staff Member	
Agency Contact Details	
Position	
Email	

Known risks for applicant None Aggression Hoarding Substance Misuse
Property Damage Safety Concerns Gang Affiliations Other

REFERRAL – MAIN CLIENT DETAILS (Applicant) * Required

* Name			
* DOB			
* Contact number			
Ethnicity		Iwi/Hapu	
* SWN (Social Welfare number)			
Email			
NZ Resident/Citizen		Are you working?	Yes No
Gender		(Please supply 3 x payslips)	
Social Housing Rating		Benefit Type:	
Date Issued		Benefit Weekly \$	

SECOND PERSON (if applicable)		
Name		
DOB		
Phone		
Ethnicity		
SWN (Social Welfare number)		
Email		
NZ Resident/Citizen		Are you working? Yes No
Iwi/Hapu	(Please supply 3 x payslips)	
Gender		Benefit Type:
Social Housing Rating		Benefit Weekly \$

DEPENDANT DETAILS (Transitional Housing only)			
Name	Gender	DOB	Living with Applicant?
			Yes No
			Yes No
			Yes No

EMERGENCY CONTACT	
Name	
Relationship	
Phone	
Address	

HOUSING NEEDS					
Number of Bedrooms	One	Two	Three or more...		
Accessibility needs:	Grab Rails	Ground Floor	Wet Room	Public Transport	
	Close to Medical Services	Ramp	Other:		
Own Transport ?	Yes	No	Pets ?	Yes	No
Smoker?	Yes	No	Do you Vape?	Yes	No

TICK IF YOU HAVE THE FOLLOWING FURNITURE				
Bed	Fridge	Washing Machine	Couch	Dining Table

PERSONAL INFORMATION

Reason for referral: (sleeping rough, private rental, car, boarding, hospital)

Do you have whanau or friends who are current TCHT tenants?	Yes	No
Are there any barriers to obtaining a utilities account?	Yes	No
Are you currently receiving budgeting or financial mentoring?	Yes	No
Do you have a debt with the Tenancy Tribunal?	Yes	No

Health conditions or disabilities relevant to housing needs?

Are you engaging with your support plan?	Yes	No
--	-----	----

What supports are currently in place? (include names of agencies)

On going support needs

Mental Health	Physical Disability	Intellectual Disability	Mobility	Medical
Financial Hardship	Family Violence	Cultural Support	Parenting	Addiction
Other				

Known tenancy or safety considerations

Behaviours or safety concerns (if any) current or historical.

Criminal History / Pending / Current Conditions	
Gang Affiliation	
Other	

TENANCY HISTORY

Housing history (at least the last three residences - include length of stay and reason for moving. Where a tenancy reference is not available, a support worker, social worker employee or other professional reference is acceptable.

Current Address		
Length of Stay		How was this accommodation obtained ?
Reason for leaving		
Reference Contact		
Address 2		
Length of Stay		How was this accommodation obtained ?
Reason for leaving		
Reference Contact		
Address 3		
Length of Stay		How was this accommodation obtained ?
Reason for leaving		
Reference Contact		

Previous Tenancy Tribunal Action Y / N (if yes, explanation)

Is there anything else you would like to tell us that may change in the future?
(e.g. Family member(s) returning, potential relationship etc):

--

CONSENT

APPLICANT

PRIVACY STATEMENT AND CONSENT – PERSONAL INFORMATION:

I understand that this information is being collected by the Tauranga Community Housing Trust (TCHT), being a Social Housing Provider, and TCHT has received a referral for the purposes of assessing me for a housing placement; and that all information collected will be used strictly for this allocation process and related reporting or, has undertaken a Housing needs assessment with me and I need to provide evidence to support this application for Housing.

I hereby give consent to access any part of this information to the following persons:

1. Staff of TCHT
2. My Housing referees, as stated on this form.
3. WINZ/MSD
4. Other Community Housing Providers where required.

I also consent to:

MSD being notified as to the outcome of this assessment (including the reasons why my application was not successful where required).

I further understand that my information will otherwise be securely stored, in accordance with TCHT's policy and the Privacy Act 2020; and that this information will not be kept longer than is necessary. I understand that I have a right to change my mind about the storage of, and access to, my personal information at any time.

Signed:
(Client)

Date: DD / MM / YY

REFERRER

I _____ have obtained consent from _____ to complete this referral to Tauranga Community Housing Trust and understand that I may need to provide more information if required. I confirm that _____ has been informed that Tauranga Community Housing Trust may be in contact in regard to this referral to undertake a Housing Needs Assessment.

I confirm that the information provided in this referral is true and accurate to the best of my knowledge, and that I have discussed this referral with the applicant.

Referrer Name: _____

Signed:

Date: DD / MM / YY

* removes all entered information