

Tauranga Community Housing Trust

Community Housing Agency Referral Form

(Send completed PDF to propertymanagement@tcht.org.nz)

Tauranga Community Housing Trusts (TCHT) community houses are properties that are owned or leased by TCHT and are registered with the Ministry of Housing and Urban Development (MHUD).

Eligibility Criteria

To qualify for housing, the applicant must:

- Have a current Housing Rating on the Work and Income Housing Register.
- Be eligible for the Income Related Rent scheme (IRRS).

Priority will be given to clients:

- Referred by the DHB Friendly Landlord Program.
- Referred by Support Net and/or any Disability services.
- Referred by the DHB Healthy Homes Program.
- Referred by other Community Housing Groups.
- Clients over 55 years old.
- Existing TCHT Transitional Housing clients.

A Community Housing referral form must be completed by a provider meeting the above criteria. Referrals will only be active for 3 months. Referrals that are deemed no longer eligible may be removed from our waitlist register earlier.

A referral to TCHT for Community Housing is not a guarantee of housing. Clients and agencies are strongly encouraged to continue to seek housing from other sources. This form is NOT for clients requiring emergency housing.

All Emergency Housing must be referred to the Ministry of Social Development, for the Transitional Housing Scheme.

HOUSING REFERRERS DETAILS	
Referral Date	
Agency Name	
Agency Staff Member	
Agency Contact Details	
Position	
Email	



REFERRAL – MAIN CLI	ENT DETAILS (Applicant)
Name	
DOB	
Phone	
Ethnicity	
SWN (Social Welfare number)	
Income Type	
Email	
NZ Resident/Citizen	
Iwi/Hapu	
Gender	
Social Housing Rating	
Payee Date	
SECOND PERSON	
Name	
DOB	
Phone	
Ethnicity	
SWN (Social Welfare number)	
Income Type	
Email	
NZ Resident/Citizen	
Iwi/Hapu	
Gender	
Social Housing Rating	
Payee Date	



DEPENDANT/S DETAILS				
Name	Gender	DOB	Age	Living with Applicant/Elsewhere?

NEXT OF KIN DETAILS	
Name	
Relationship	
Phone	
Address	

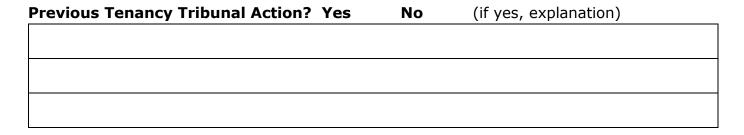
HOUSING NEEDS	
No. of Bedrooms	
Preferred location	
Modification needs (e.g. Ramps, handrails)	
Support worker name/ph	
Own Transport (Y/N)	
Court Conditions (e.g. protection orders)	
Current Address	
Length of Stay	



PERSONAL INFORMATION
Reason for referral: (sleeping rough, private rental, car, boarding, hospital)
Disability (applicant): (Associbility Poquiroments)
Disability (applicant): (Accessibility Requirements)
Pre-school/school/course that applicant/dependants attend.
Known TCHT Associations (whanau/friends current TCHT tenants)?
Household Profile
(General wellbeing (physical and mental) and the circumstances that lead to referral to TH)



RISK CONSIDERAT	IONS	
		iours or safety concerns (if any) current or historic that may
impact on your future	tenancie	es, or that we may need to know about)
Criminal History / Pe Current Conditions	ending /	
Alcohol / Drugs		
Mental Health		
Gang Affiliation		
Other		
TENANCY HISTORY	Y	
		last three residences - include length of stay and reason last actual 'tenancy' where possible)
Address 1		
Length of Stay		
Reason for leaving		
Reference Contact		
Address 2		
Length of Stay		
Reason for leaving		
Reference Contact		
Address 3		
Length of Stay		



Reason for leaving

Reference Contact



Is there anything else you would like to	
(e.g. Family member(s) returning, potential r	elationship etc):
CON	NSENT
APPLICANT	
PRIVACY STATEMENT AND CONSENT - PERS	SONAL INFORMATION:
(TCHT), being a Social Housing Provider, and assessing me for a housing placement; and that	lected by the Tauranga Community Housing Trust TCHT has received a referral for the purposes of all information collected will be used strictly for this ndertaken a Housing needs assessment with me and ation for Housing.
	of this information to the following persons:
 Staff of TCHT My Housing referees, as stated on this for WINZ/MSD 	
4. Other Community Housing Providers whe	re required.
I also consent to: WINZ/MSD being notified as to the outcome of application was not successful where required).	of this assessment (including the reasons why my
policy and the Privacy Act 1993; and that this in	nerwise be securely stored, in accordance with TCHT formation will not be kept longer than is necessary. ind about the storage of, and access to, my personal
(Please note if this has been read to your client)	
Signed: (Client)	Date:
REFERRER	
Ihave obtained cons	sent from to
	ity Housing Trust and understand that I may
need to provide more information if required	
been informed that Tauranga Community Ho this referral to undertake a Housing Needs A	
Referrer Name:	
Signed:	Date:

