

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 CLIENT 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): (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 CONSIDERATIONS

General Risk Factors: behaviours or safety concerns (if any) current or historic that may impact on your future tenancies, or that we may need to know about)

Criminal History / Pending / Current Conditions	
Alcohol / Drugs	
Mental Health	
Gang Affiliation	
Other	

TENANCY HISTORY

Housing history (at least the last three residences - include length of stay and reason for moving. Try to include the 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	

Previous Tenancy Tribunal Action? Yes No (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):

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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:

WINZ/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 policy and the Privacy Act 1993; 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.

(Please note if this has been read to your client)

Signed:

(Client)

Date:**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.

Referrer Name: _____**Signed:****Date:**