Housing Agency Referral Form

Send completed PDF to referrals@tcht.org.nz

TCHT
Tauranga Community Housing Trust
www.tcht.co
0800 548 248
Ver 14.8.26

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 you would like us to know that you haven't had an opportunity to include?

PRIVACY STATEMENT AND CONSENT

Your personal information is collected by Tauranga Community Housing Trust (TCHT) in relation to housing services we provide, including housing referrals, housing needs assessments, tenancy placements, tenancy management, support services, and related reporting requirements.

TCHT will collect, store, use, and share your personal information in accordance with the Privacy Act 2020, the Health Information Privacy Code 2020 (where applicable), and TCHT's Privacy Policy.

You have the right to request access to the personal information we hold about you and to request correction of that information. If you would like to access or request correction of your personal information, or have any questions about how your information is collected, used, or disclosed, please contact Tauranga Community Housing Trust at admin@tcht.org.nz

By signing the declaration at the end of this form, you are agreeing to TCHT collecting, storing, using, and sharing your personal information as set out below.

What if I do not consent?

If you do not consent to TCHT collecting, storing, using, and sharing your personal information as described below, TCHT may be unable to assess your housing needs, determine your eligibility for housing services, provide housing assistance, or administer any tenancy arrangements.

What will my personal information be used for?

TCHT will use your personal information to:

- assess your housing needs and eligibility for housing services;
- verify information provided in your application or referral;
- provide housing and tenancy management services;
- communicate with you regarding your application, tenancy, or support needs;
- identify support needs and refer you to appropriate agencies and services;
- meet funding, reporting, audit, compliance, and regulatory obligations; and
- assist other agencies and service providers involved in supporting your housing and wellbeing needs.

TCHT may share your personal information with:

- TCHT staff and authorised contractors;
- the Ministry of Social Development (MSD);
- the Ministry for Cities, Environment, Regions and Transport (MCERT);
- Community Housing Providers where appropriate;
- health providers, support agencies, social service organisations, and referral agencies involved in supporting you;
- referees or other people you have authorised us to contact; and
- any person or agency where disclosure is required or permitted by law.

Information may be shared between TCHT, MCERT, MSD, and other relevant agencies where necessary for housing service delivery, assessing eligibility, tenancy management, support services, funding administration, regulatory compliance, auditing, and reporting obligations.

Applicant Declaration

I acknowledge that I have read and understood this Privacy Statement and consent to Tauranga Community Housing Trust collecting, storing, using, and sharing my personal information for housing, tenancy, support, reporting, and related purposes as outlined above.

I acknowledge that:

- I have read and understood this Privacy Statement.
- I understand why my personal information is being collected.
- I understand who my information may be shared with and why.
- I understand my rights to access and request correction of my personal information.

Signed: Date: _____ / _____ / _____

Referrer Declaration

I, _____, confirm that I have obtained the applicant's consent to make this referral to Tauranga Community Housing Trust and to provide the information contained in this referral.
I understand that TCHT may contact the applicant and may request further information to undertake a housing needs assessment or tenancy 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: _____

Signature: _____ Date: _____ / _____ / _____

RESET THIS FORM

* removes all entered information

Email this form to TCHT now

or email the form to referrals@tcht.org.nz

TCHT
Innovative housing solutions

www.tcht.org.nz
0800548248