Housing Agency Referral Form

Send completed PDF to referrals@tcht.org.nz

Tauranga Community Housing Trust
www.tcht.co
0800 548 248
Version 22.7.26

Eligibility Criteria (select option)

☐ Community Housing

1 Have a current Housing Rating on the MSD (WINZ) Housing Register
2 Be eligible for the Income Related Rent scheme (IRRS)
3 Be 55 and over, or 18 and over with a chronic health condition or disability
4 Singles and Couples only

☐ Transitional Housing

- Meet the Community Housing criteria 1 & 2 above
- 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 ☐ Fire Setting ☐ Substance Misuse ☐ Property Damage ☐ Safety Concerns ☐ Gang Affiliations Other

REFERRAL – MAIN CLIENT DETAILS (Applicant) * Required			
*Name			
*DOB			
*Contact number			
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 $	

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 $	

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

NEXT OF KIN DETAILS	
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 (Y/N)		Pets ?
Current housing situation	Length of Stay	

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)

Medical history/Health issues (to determine of accessibility in the home required)

Known TCHT Associations (whanau/friends current TCHT tenants)?

What supports are currently in place

On going support needs

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

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	
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. References cannot be a relative)

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 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.

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

Signed: Date: DD / MM / YY
(Client)

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: DD / MM / YY