

## Expression of Interest

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*Please complete this form if you have a housing need and would like to gain housing. Please be aware that we are using this process to identify housing requirements and may not be able to find you housing straight away. We do not provide emergency and / or transitional housing.*

*I give my consent for the details contained in this expression of interest to be utilised for the purpose of obtaining housing.*

*I give consent for the staff of the TCHT to access information from the following organisations to advance my housing goals.*

- 1.....
- 2.....
- 3.....
- 4.....

**Please indicate above if there are any other people or organisations that we may need to speak with in order to advance your housing goals.**

.....  
**Signed:**

.....  
**Date:**

**Name:**

**DOB:**

**Address:**

**Ethnicity:**  
**Iwi / Hapu:**

**Phone number:**

**Income details: (if on benefit please state the benefit type)**

**Debt:**

**Person in the household with a disability and the nature of the disability (if any):**

**Support / Services that currently support you or your family member:**

## HOUSING REQUIREMENTS

Have you previously held a tenancy ☐ yes ☐ no

If yes can you please tell us a little about those tenancies i.e Landlord, term of tenancy, why did the tenancy end:

What sort of flat or house are you looking for:

- |                                    |                                 |                                     |
|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> House     | <input type="checkbox"/> Flat   | <input type="checkbox"/> Apartment  |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Bedsit | <input type="checkbox"/> Don't Mind |

Composition of Household: Number of Adults/children.

Number of Bedrooms Required: ☐ Double ☐ Single

☐ **Pets** What type? How many?

Are you smoking/non smoking.

If there is a garden, are you prepared to look after it? ☐ Yes ☐ No

Will you mow the lawns? ☐ Yes ☐ No

**Do you need:**

- |                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Garage    | <input type="checkbox"/> Carport     | <input type="checkbox"/> Off-Street |
| <input type="checkbox"/> Furnished | <input type="checkbox"/> Unfurnished | <input type="checkbox"/> Whiteware  |
| <input type="checkbox"/> Other     |                                      |                                     |

**What areas would you LIKE to live in and why?**

**What areas do you NOT want to live in and why?**

**Are there specific service/ facilities/supports you need to be close to?  
(shops, schools, hospital, support provider?)**

**Specific Requirements [What things you would like/need].**  
Eg: garden, study, fenced property, on bus route, garage, etc].

**Structural and other essential requires**  
e.g. wet area bathroom, level entry, flat section, hand rails, modifications?

**What things do you NOT want where you live?**

**What do you like about your present housing:**

**What do you dislike about your present housing:**

**Please give details of your past housing history:**

**Have you made other current applications for housing? If so, Where?**

**Please provide details about your current housing and reason for seeking alternative housing:**

**What supports if any might you require to sustain housing/a tenancy?**

(Home support, community support, financial assistance/oversight, budgeting assistance, personal cares, other?)

**Do you require additional support or advocacy?**

If yes please outline:

**I now live in:**

- |                                                  |                                         |                                     |
|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Supported Accommodation | <input type="checkbox"/> City Council   | <input type="checkbox"/> Housing NZ |
| <input type="checkbox"/> Private Landlord        | <input type="checkbox"/> Boarding House | <input type="checkbox"/> Family     |
| <input type="checkbox"/> Other                   |                                         |                                     |

**Do you know what your rights are as a Tenant?**

☐ Yes ☐ No

**Is there anything else you would like to tell us about your housing needs, likes, wants etc?**