**Expression of Interest for Housing**

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.

**Name of Applicant:**

**Current Address:**

**Best Contact Phone number/s:**

**Email:**

**DOB**: \_ \_/\_ \_/\_ \_ \_ \_ **Ethnicity: Iwi/Hapu:**

**Do you have a car for transport**? Yes  No 

**Income:** Wage  Benefit  Pension 

**Are you registered with MSD for Social Housing?  Yes  No**

**Consent**

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.

 **Agency/organisation name: Contact person, Ph number/email:**

------------------------------------------ ----------------------------------------------

------------------------------------------ ----------------------------------------------

------------------------------------------ ----------------------------------------------

------------------------------------------ ----------------------------------------------

**🟏If Referrer is completing form please list agency/organisation and contact details as above.**

**Signed by applicant or/on behalf of: Date:**

**Housing Requirements**

**Composition of Household** - Number of: Adults  Children 

If Household has other adults please state relationship to family/whanau:

**Number of Bedrooms Required**: 1  1-2  2-3  3+

**What type of housing would you consider?**

 House  Flat  Boarding/Flatting 

Shared Communal Living (Single Adults Only)  Other 

**Pets:** Yes No  Type of pet? How many?

Are you smoking  non-smoking? 

**If there is a garden/lawns are you prepared to look after them?** Yes  No 

**Other needs:**

 Garage Carport Off-Street

 Furnished Unfurnished White ware

 Other

**Please state if applicant/family member has a disability and the nature of the disability:**

**Specific needs related to disability for housing** (e.g. Wheelchair access, wet floor bathrooms, hand rails, level entry, modifications)?

**Are there specific service/ facilities/supports you need to be close to?**

(Shops, schools, hospital, support provider?)

**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?)

 **I currently live in:**

 Supported Accommodation City Council Housing NZ

 Private LandlordBoarding HouseFamily

Other

**Do you know what your rights are as a Tenant?** Yes **** No ****

**Have you previously held a tenancy?** Yes **** No ****

If yes can you please tell us a little about those tenancies eg: Landlord, how long was your tenancy, why did the tenancy end? Please give details of your past housing history:

Please email to admin@tcht.org.nz

Or post to; Tcht

 PO Box 13316

 Tauranga

All applications will be processed and you will be contacted via phone/email within 7-10 days of receiving application.