

# SUSTAINING TENANCIES REFERRAL FORM



8 Hickory Avenue  
PO Box 21-865  
Henderson, Auckland 0650

Surname:		First Name(s):	
Date of Birth:		Gender:	
Mailing Address:			
Contact Phone Numbers:			
Email:			
<b>W&amp;I (NZ) number:</b>		<b>NHI</b>	<b>Benefit type:</b>
<b>#:</b>			
Currently smoking: Y/N		Used to smoke: Y/N	Never smoked: Y/N
Would you like support in giving up smoking? Y/N			
<b>Employment Status:</b> Full time employment / Part time employment / Voluntary work / Unemployed / Education / Retired /			
Ethnicity:		Iwi (if applicable):	
Housing Type		No. in Household	
Public / Private Housing (Circle one)		Adult(s):	
Pets & description:		Children (Ages):	
<b>Reason for referral</b> —What are the tenancy issues would you like the support with to sustain your tenancy?			
<b>Person Referring &amp; contact details:</b>			
Name:		Phone:	
Address:		Email:	

Document No.ST RF	Implementation Date: Nov 2012	Authorised by: HR,Q&ODM
Version # 2	Reviewed: April 2021	Next Review: April 2024

Has the person agreed to the referral Yes/No

Has this person agreed that information about their referral will be shared with the Ministry of Housing and Urban Development (HUD), for reporting and auditing purposes? Yes/No

**Referrer signature:**

**Date:**

**Tenant declaration (if self-referral):** In completing this referral, I acknowledge that information about my referral will be shared with the Ministry of Housing and Urban Development (HUD), for reporting and auditing purposes.

Tenant's signature:

Date:

**For Office use Only:**

Database Entry Date:

Please complete fully and post, fax or email to [referrals@walsh.org.nz](mailto:referrals@walsh.org.nz)

**Note that a current phone number for the person referred is required for the application to proceed.**

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