



## Sustaining Tenancies Referral Form

Please submit your Referral to [housing@ght.co.nz](mailto:housing@ght.co.nz) -

Phone 03 545 7100

REFERRAL DATE:

Name:		D.O.B:	
Address:			
Post Code:			
Gender:		Ethnicity/Iwi:	
MSD Client Number:		Employment / Receive Benefit / ACC (Circle one)	
Mobile:		Email:	
Pets & description:		<b>No. in Household</b>	
<b>Housing Type</b> Public / Private Housing (circle one)		Adult(s):	
		Children (Ages):	
<b>Emergency Contact (Next of kin)</b>			
Name:		Relationship:	
Contact Number:			
Reason for Referral:			

I wish to register with a Sustaining Tenancies Services Provider, and I agree to the release of any personal information that may help towards this, provided that such is kept confidential.

Client's Signature:	Date:
Referrer's Signature:	Date:
Navigator's Signature:	Date:



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Support is available subject to eligibility, suitability, and available resources.

**REFERRAL AGENCY ONLY**

Referrer's Name:	Job title:
Organisation:	
Address:	
Contact Number:	Mobile Number:
Email address:	
Reason for Referral:	