



Please fully complete all sections of this form and email it to:
sustainingtenancies.ref@emergeaotearoa.org.nz

Referral Date:

Name:		DOB:		
Address:		City:		
Post code:		Region:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Ethnicity:		Iwi (if applicable):		
MSD Client Number:		Employment / Receive Benefit / ACC (Circle one)		
Phone Number:		Email Address:		
Pets & description:		Household/Whanau composition		
Housing Type Public / Private Housing (circle one)		Adult(s) Additional adult's name: Gender: DOB:		
Landlord details:		Children Name: Gender: DOB:		
Emergency Contact Name:		Name: Gender: DOB:		
Contact number:		Name: Gender: DOB:		
Relationship:				
Risk for staff and/or property hazards:				



Reason for referral:

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

- Self-referral
- Agency referral (complete referral agency information)

I wish to register with Emerge Aotearoa Sustaining Tenancies. I agree to the sharing of information between the referrer and Emerge Aotearoa, about my tenancy and the reason for referral, provided it is kept confidential. (Tenant signature required for consent)

Tenant's Signature:	Date:
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Referral Agency Only

Referrer's Name:	Job title:
Organisation:	
Contact Number:	Email address:
Referrer's Signature:	Date: