

REGISTRATION OF HOUSING NEED

Please complete this form to help us assist you with your housing enquiry

Return to: 61 Kilmore Street, Christchurch, 8013
P.O. Box 53, Christchurch, 8140

Email: admin@ocht.org.nz

Phone: 0800 624456 or 03 2600058

IMPORTANT - To be accepted onto the OCHT waiting list you must:

1. **Have a housing application on the Ministry of Social Development (MSD) Social Housing Register.**
You can phone MSD on 0800 559 009
2. **Contact us and tell us you are registered on the Social Housing Register.**
3. **We will discuss your housing need with MSD after you have told us you are on the Social Housing Register.**

Section A – Personal and Contact Details

Applicant 1

Title (please tick) Mr Mrs Miss Ms Other (please specify)

First name(s):	Surname:
Are you known by any other names? If yes, please specify other names here	
Date of birth / /	Work and Income Client Number
Main Language:	Iwi:

Applicant 2

Title (please tick) Mr Mrs Miss Ms Other (please specify)

First name(s):	Surname:
Are you known by any other names? If yes, please specify other names here	
Date of birth / /	Work and Income Client Number
Main Language:	Iwi:

Section B – Household Details

Single
 Couple
 Other

Number of people to be housed: No. of adults _____ No. of children _____

Names	M/F	Date of Birth	Relationship to you	NZ Resident Y/N
		/ /		
		/ /		
		/ /		
		/ /		

Please note: Residency status must be provided for all Household members.

Section C – Current Contacts

Current Address					
Home Telephone		Work Phone Applicant one		Work phone Applicant two	
Mobile phone Applicant one			Mobile phone Applicant two		
Email address Applicant one			Email address Applicant two		

Preferred Mailing Address (if different from above)

Have you or anyone in the household rented from OCHT or CCC Housing before?

Yes No

If yes, please supply the address/es of the unit you rented:

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Are you registered for housing with MSD (WINZ)? Yes No

Has any person on this application ever had any Criminal Convictions? Yes No

Section D – Accommodation Needs

Please explain why you require accommodation with Otautahi Community Housing Trust (OCHT):

Do you or anyone living in your household require any special type of accommodation to assist with a disability? Yes No

If yes, reason why:

Section E – Consent

To complete your application for housing with OCHT we request your consent to complete the following checks as necessary:

- References from you previous landlords or the person you have lived with
- Credit Check
- Ministry of Justice Check
- Ministry of Social Development
- Criminal Check

Disclosure By Applicant

I/We authorise OCHT (or its agent)

- To obtain, and any agency to disclose, a credit reference check
- To disclose to a credit agency details of any indebtedness to OCHT
- To obtain my/our forwarding address upon vacation of an OCHT tenancy.
- To complete any of the checks as listed above

I/We declare that the information contained in this application is true and correct.

I/We acknowledge the right of OCHT to check the validity of the information supplied with regard to my application and ongoing tenancy, including medical, social and financial where applicable. If misleading or false, the application may be cancelled.

Privacy Statement/Declaration

The information you provide to Otautahi Community Housing Trust will be used to assess your need for housing assistance. This information will be held by Otautahi Community Housing Trust and any other authorised person/agency in accordance with the Privacy Act 1993.

I/ We have read and understood the privacy statement above and understand that be signing this form:

- I/We give permission for information about me to be used, given and received in accordance with my consents under the privacy statement
- I/We declare that all information given in this application is complete, true and correct

Applicant 1

Name (Please print clearly)

Signature

Date

Applicant 2

Name (Please print clearly)

Signature

Date



Housing privacy consent form

This form records your consent for the Ministry of Social Development (MSD) and other organisations to share between them information they hold about you.

Giving your consent to share this information will help MSD and those other organisations to give you a better response to your housing need.

Client number

 | |

Full name:

Date of birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

Flat / House Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb	
<input type="text"/>	
Town / City	
<input type="text"/>	

Consent

I authorise MSD and the organisations named below to share the following information they hold about me:

- copy of assessments of:
 - my eligibility for social housing (including housing need)
 - my property requirements
- copies of information I have given in support of any application for housing or housing-related assistance (including credit checks).

My authorisation covers all information held by MSD and the selected organisations on the date this form is signed, as well as information held by them in the future, until I withdraw my consent.

I understand I can withdraw my consent at any time in writing to MSD.

Organisations:

Client Signature:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Once Signed, this consent allows MSD and the selected organisations to disclose the authorised information to each other under Principle 11 (d) of the Privacy Act 1993.