



Central City Concern

Housing Pre-Application

Butte Hotel

Housing Administration
 232 NW Sixth Ave
 Portland, OR 97209
 Phone: (503) 525-8483
 Fax: (503) 228-1696

Partner Agency Referral Information

Applicant Information		
Last Name	First Name	M.I.

Referring Agency Information				
(to be completed by a Partner Agency* Representative)				
Agency Name: _____				
Address: _____				
Street	City	State	ZIP	
Case Manager: _____		Phone #: _____		
Email: _____		FAX #: _____		
<small>*Please see attached Partner Agency List for further information.</small>				

Income Information	
<p>The Butte requires that residents be at 50% or below MFI. When you reach the top of the waitlist you will be required to show documentation for all income. Please specify your income from all sources (employment, state and/or federal assistance, gifts, contributions, or allowances, and all other sources but NOT including food stamps):</p>	
Amount (per year): _____	Source: _____
Amount (per year): _____	Source: _____

Partner Agency Signature	
<p>The above-named applicant qualifies for a waitlist preference at the Property as established in the Property Tenant Selection Plan ("TSP") and in accordance with the Memorandum of Understanding ("MOU") executed between CCC and the Partner Agency. My agency is committed to providing support and services to this applicant related to but not limited to housing retention, eviction prevention, episodic behavioral intervention, and other services designed to result in a sustained, successful placement in permanent housing. The information presented on this referral is complete and accurate to the best of my knowledge.</p>	
Signature of Partner Agency Representative _____	Date _____

OFFICE USE ONLY
Total preference points accumulated: _____ (maximum of 23).

OFFICE USE ONLY | CCC ID. Number | Name | Date