

## Hill Park Apartments Referral Verification Form

### Preference Partner Agency/Program without Designated Units

**Instructions:** This optional form may be completed by program staff to grant preference to an applicant for the Hill Park waitlist. It is to be completed by a person who is able to verify applicant participation in a program meeting the criteria below. **Preference points are not required to apply to the Hill Park waitlist-** applicants may apply for tenancy regardless of preference but must meet all screening criteria outlined in the Building Criteria document. CCC Management reserves the right to verify referral programs in fact meet the below requirements and follow-up with referring individuals to confirm applicant participation in program.

- a) Management will grant a waitlist preference under this section to applicants referred by **Preference Partner Agencies** providing eligible services, as found in the **Partner Agency List- General** (available upon request). Eligible services are related to self-sufficiency, housing stability, eviction prevention, employment and similar. Applicants may claim a preference by submitting a pre-application with an attached **Referral Verification Form** completed by a Preference Partner Agency/Program. When participation is verified, management will grant a maximum of **(3) preference points** on the waitlist, regardless of the number of referrals received by participating partners.
- i) Referral Verification Forms must be submitted at the same time the pre-application is submitted to be considered. If a Referral Verification Form is submitted at a later date, it will not be considered- the pre-applicant will be placed on the waitlist, but without preference.
- ii) Partner Agencies may provide Referral Verification Forms on behalf of as many pre-applicants as desired, subject only to the limitations of the specific waitlist opening announcement (e.g., waitlist opening limits pre-applications to the first 100 received).

### AGENCY PROGRAM STAFF COMPLETE THIS SECTION

Name of Applicant: \_\_\_\_\_

Program Name: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

What career guidance, skills enhancement, or housing preparedness services does the program provide to applicant (please be specific):

Date Applicant Initially Enrolled in Program (mm/dd/yyyy): \_\_\_\_\_

Has the Applicant completed the Program ☐ Yes ☐ No

If Yes, what date (mm/dd/yyyy)? \_\_\_\_\_

If No, when do you expect the applicant to complete the Program? \_\_\_\_\_

Printed Name and Title of Referring Individual: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Referring Individual: \_\_\_\_\_ Date: \_\_\_\_\_

### WHEN THIS FORM IS COMPLETE

Return this completed form in person to Central City Concern, Housing, 523 NW Everett St, Portland, OR 97209 or email to [hillparkapply@ccconcern.org](mailto:hillparkapply@ccconcern.org)