



Hazel Heights Apartments Waitlist Preference Form

Commitment of partner agency to ongoing case management/supports

Instructions: This optional form may be completed by program staff to grant preference to an applicant for the Hazel Heights 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 Hazel Heights 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 individual to confirm ongoing case management. Only one (1) preference point will be granted regardless of the number of supports the applicant has access to.

Management will grant one (1) preference point for the waitlist to applicants that return a referral form completed by a program verifying the intent to provide ongoing case management for a minimum of 6 months after move-in. Programs must verify that they will meet regularly with the client on-site and provide services as needed to assist their client in identifying and accessing community services, assisting with housing retention, and building a support network outside the program.

AGENCY PROGRAM STAFF COMPLETE THIS SECTION

Name of Applicant: _____

Program Name: _____ Organization/Agency: _____

Length of Program commitment to on-site case management after move-in (in months): _____

Please describe the on-site case management services that will be provided to the client for a minimum of 6 months after move-in (please be specific):

"I confirm that the above named agency intends to provide on-site case management to the above named applicant for a minimum of 6 months after move-in to Hazel Heights. Agency will contact Hazel Heights leasing office in writing to remove this preference should the offer to provide case management services be withdrawn for any reason. I understand that CCC Management may verify continued intent of referral to provide case management at time of actual rental application and may confirm continuous on-site support during 6 month period after move-in. I further understand that management may remove preference points at any time it is determined that the program does not intend to follow through or otherwise provide on-site services."

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 hazelheightsapply@ccconcern.org