



Date and Time Received:



# Henry Building

## Fair Market Preference Referral

### Applicant Information

_____	_____	_____
Last Name	First Name	M.I.

### Referring Agency Information

_____	
Agency	
_____	_____
Case Manager	Email
_____	_____
Phone	Fax

### Basis for Referral

Applicant is referred by a partner agency\* for eligible services )  Yes  No

\*Please see attached Partner Agency List for further information

### IPreference Information

The Applicant must be a current client of the program at the time the Partner Agency Referral Form is signed to receive preference points. Is the applicant a current client.  Yes  No

### Referring Agent Signature

The above named applicant qualifies for a waitlist preference at the Henry Building("Property") as established in the Building Criteria ("BC") and in accordance with the Memorandum of Understanding ("MOU") executed between CCC and the referring agency above. My agency is committed to providing support and services to this applicant related to, among other things, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY!

CCC ID Number

Date, Time rec'd

Last, First, MI

**OFFICE USE ONLY**

Total preference points accumulated\*: \_\_\_\_ (maximum of 23).

