



Date and Time Received:



Katherine Gray Apartments

Project-Based Section 8 Waitlist 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
Applicant is referred for Permanent Supportive Housing ("PSH")	☐ Yes	☐ No

*Please see attached Partner Agency List for further information

Income Preference Information

Applicants who are at or below 30% MFI receive a preference on the waitlist. When you reach the top of the waitlist you will be required to show documentation for all income. Please indicate whether the applicant is at or below 30% MFI.	☐ Yes	☐ No
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Referring Agent Signature

The above named applicant qualifies for a waitlist preference at the Katherine Gray Apartments ("Property") as established in the Property Tenant Selection Plan ("TSP") 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

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

OFFICE USE ONLY!

CCC ID Number

Date, Time rec'd

Last, First, MI

