

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant is referred for Permanent Supportive Housing ("PSH")	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

#### Referring Agent Signature

<p>The above named applicant qualifies for a waitlist preference at the Martha Washington 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.</p>	
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