



Date and Time Received:



Hotel Alder

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

Preference 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 Hotel Alder("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!

CCC ID Number

Date, Time rec'd

Last, First, MI

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

