



Date and Time Received:



Katherine Gray Apartments

Fair Market Preference Referral

Applicant Information

_____ Last Name	_____ First Name	_____ M.I.
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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 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

