

| Date and Time Received: | |
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| | |



OFFICE USE ONLY!

CCC ID Number

Date, Time rec'd

Last, First, MI

| Richard L. Harris | | | |
|--|--|--|--------------------------------|
| 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 Referral Form is signed to receive preference points. Is the applican | | □ Yes | □ No |
| Referring Agent Signature | | | |
| The above named applicant qualifies for a waitlist preference at the Richard Property Tenant Selection Plan ("TSP") and in accordance with the Memora ("MOU") executed between CCC and the referring agency above. My agency to this applicant related to, among other things, housing retention, eviction other services designed to result in a sustained, successful placement in pethis referral is complete and accurate to the best of my knowledge. | andum of Understandin by is committed to prov n prevention, episodic b | ig iding support oehavioral inte | and services ervention, and |
| Signature | | Date | |

