Central City Concern

ADFC Housing Pre-Application

Ankeny Square

Housing Administration
523 NW Everett
Portland, OR 97209
Phone: (503) 525-8483
Fax: (503) 228-1696

OFFICE USE ONLY!

CCC ID. Number

Name

Date

Partner Agency Referral Information

Applicant Information

_____

Last Name First Name M.I.

Household Annual Income: $_____ per year (Max annual income currently $20,490)

Referring Agency Information

(to be completed by a Partner Agency* representative)

Agency Name: _____

Address: _____

Street City State ZIP

Case Manager: _____ Phone #: _____

Email: _____ FAX #: _____

*Please see attached Partner Agency List for further information.

Partner Agency Signature

The above-named applicant qualifies for a waitlist preference at the Property as established in the Property Tenant Selection Plan ("TSP") and the Partner Agency List. My agency is committed to providing support and services to this applicant related to but not limited to 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 of Partner Agency Representative Date

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Total preference points accumulated: _____ (maximum of 2).