

**Preferred Location**

Duluth Fax to 770-961-1291

Decatur Fax to 404-589-1615



**Housing Referral Form**

A housing team member will follow up with referral within **5 business days**

Client Name:	Phone number:
Referrer/Agency	Date:

- 1. Is this client responsible for the care of dependent children?  YES  NO
- 3. Is this client Fleeing Domestic Violence?  YES  NO
- 4. Can this client read, write, and understand English?  YES  NO
- 5. Does this client have income?  YES  NO

**Reason for Referral?**

**Tenant Based Rental Assistance**

- Is the client currently renting or have they been approved for a unit?  YES  NO
- Please Note:** Appointments for TBRA will not be scheduled until the client has secured a unit. We can provide information over the phone for assistance with unit searches

**GAP Lodging**

- Is the client literally homeless/at-risk of homelessness within the next 14 days?  YES  NO
- Has the client received hotel lodging within the past year from any agency?  YES  NO

**Late Rent/Mortgage/Utilities**

- Has the client experienced a recent hardship which caused the client to be unable to afford their living expenses?  YES  NO
- Will there be income to cover future rent/mortgage/utilities?  YES  NO
- Has an eviction been filed?  YES  NO
- Is the client listed on the lease?  YES  NO

**Security Deposit/First Month's Rent/Utility Deposit**

- Has this client been approved for a unit?  YES  NO

***HOPWA Staff Use Only***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Housing Assessment Appointment

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Service not scheduled due to: \_\_\_\_\_

