Attachment: C

Gloucester Authority Housing First Program
Referral Form

Referring Agency: _____   **Referral Date:**_____

Contact Person: _____   **Telephone Number:** _____

Applicant Information

NAME	SSN	Age	Relationship	Gender	

Household Barrier Level: Level 2☐   Level 3☐

Current Shelter Address: _____   Telephone Number of Applicant/Shelter: _____   _____   Shelter Contact:_____

Date entered Shelter: _____   Reason for Homelessness: _____

Number of Homeless Episodes: Is this the family's first time in shelter?   Yes☐   No☐   If no, how many episodes of homelessness has the family experienced?_____   Dates: (m/yr) _____

Shelter/EA Compliance: Has the family had any problems following shelter rules? No☐ Yes ☐   If yes, please indicate what these difficulties have been: _____   _____   Does Family have any EA violations? ☐ Yes   No☐   If yes, how many? _____   What were violations for? _____

Does head of household have U.S. Citizenship or eligible immigration status?

☐ Yes ☐ No

HOUSING BARRIERS SURVEY:

Check the box if this applicant is experiencing any of these barriers:

LEVEL 2 Household

☐ No rental history

☐ No high school diploma (Last grade completed:_____)

☐ New to area

☐ Disability that affects housing (Disability is_____)

☐ Family size requires a __bedroom unit

☐ Non- English speaking (Primary language is_____)

☐ Needs services to increase income (Current income and source(s) of income:_____)

☐ Limited employment history (Currently employed at:_____
_____)

☐ History of abuse but batterer is not in area

☐ Has a debt issue (NOTE: If debt is for money owed to a utility company, the household must be able to resolve this issue prior to lease up if the household will be responsible for paying utilities in the rental unit)
Money owed to: _____ Amount owed: _____
Money owed to:_____ Amount owed:_____
Money owed to: _____ Amount owed: _____

Does <u>not</u> have the following barriers:
- Criminal history that includes violent and/or drug related activity and/or sexual offenses that would pose a danger to other residents
- Active substance abuser in household
- All members of the household do not have U.S. citizenship or eligible immigration status (only applies for families who will be leasing in a federal public housing development)

Level 3 Household:

☐ Poor rental history (eviction for cause but not for criminal Behavior)

☐ Recent domestic violence with the abuser in area (no contact with batterer for at least 4 months.)

☐ Minor criminal offenses/history that have been mitigated through treatment and/or reparations, etc...)

☐ **Mild behavior problems-adult (Describe behavior(s): _____**

_____ **)**

☐ **Mild behavior problems-child(ren) (Describe behavior(s): _____**

_____ **)**

☐ **Not currently abusing drugs (if one or more members of the household are in recovery they most have completed a substance abuse program and have at least one year of documented sobriety)**

☐ **Open Protective Case**

☐ **May also have some of the barriers from Level 2**

☐ **Family size requires a _ bedroom unit**

☐ **Has a debt issue (NOTE: If debt is for money owed to a utility company, the household must be able to resolve this issue prior to lease up if the household will be responsible for paying utilities in the rental unit)**
Money owed to: _____   Amount owed: _____
Money owed to:_____   Amount owed:_____
Money owed to: _____   Amount owed: _____

Does not have the following barriers:
- **Criminal history that includes violent and/or drug related activity and/or sexual offenses that would pose a danger to other residents**
- **Active substance abuser in household**
- **All members of the household do not have U.S. citizenship or eligible immigration status if the household will be leasing in a federal public housing unit**

Family agrees to engage in a service plan if accepted into the GHA Housing First program ☐ Yes ☐ No
Family has completed a GHA public housing application and it has been attached to this referral. ☐ Yes ☐ No

---

<u>**Incomplete applications will not be processed.**</u>

The Gloucester Housing Authority will carefully review your statements and determine whether the above-named tenant is eligible for public subsidies and housing. Please be advised that it is illegal to obtain public benefits through fraud or to assist in another person obtaining such benefits through fraud.
I hereby certify that under the pains and penalties of perjury that the above information is true and accurate to the best of my ability.

Case manager:_____ **Date:**_____