

HOUSING REFERRAL FORM

Name of Head of Household:		
Birthdate:	Last 4:	Phone #:
Address where you receive mail:		Phone #:
Other Household Members:		
Name:	Relation to HoH:	
Birthdate: Last 4:		
(Attach separate page if there are mo	re household memb	pers)
Questions for Head of Household:		
1) Where did you sleep last night?		
2) Where will you sleep tonight?		
3) Where do you sleep most nights?	in a car in	a tent outside
		uilding in a camper
		describe:
4) If currently housed, have you been		ord you have to leave within 14 days?:
Yes No		
5) Are you actively fleeing domestic	violence, stalking,	dating violence, or sexual abuse?
Yes: No		
6) Do you regularly sleep on a friend	l or family member	's couch because you don't have a
permanent residence? Yes No	D If yes, ha	s this person told you that you have to
leave in the next 7 days? YesN		
7) Do you have a lease but struggle b	because your rent is	more than you can reasonably afford?
Yes <u>No</u> If yes	, what is your appro	oximate monthly income?
Please give us the name & phone num	mber of someone w	ho can usually find you:
If you have an email address that is b	better for getting in	touch with you, please list it here:

If you have a case manager or other provider who is helping you, please list their name, agency and phone number:

If you are homeless, where can we usually find you?:(a park, a church, a place you eat lunch, etc. Where do you hang out during the day?

Telephone: 606-788-9789 Email: <u>Housing@mtcomp.org</u>

If you are experiencing a crisis, or need immediate attention, please call our 24 hour help line at 800-422-1060

