



# MEMPHIS HOUSING AUTHORITY

700 Adams Avenue Memphis, Tennessee 38105 (901) 544-1100 (Main) (901) 544-1218 (Fax) [www.MemphisHA.org](http://www.MemphisHA.org)

## HOUSING CHOICE VOUCHER PROGRAM MAINSTREAM PROGRAM REFERRAL FORM

Referral #:					Referral Date:		
Household Name:							
Current Address:					Phone #		
Relation	Last Name	First Name	MI	Social Security #	Date of Birth	Age	E/D
HOH							

Relation: HOH – head of household; S – Spouse; Y – Youth under 18; A – Other Adult

\* E/D – Elderly or Disabled

Service Provider		
Name:	Contact:	Phone:
This household is currently <input type="checkbox"/> Homeless <input type="checkbox"/> At-Risk of Becoming Homeless <input type="checkbox"/> Institutionalized <input type="checkbox"/> At-Risk of Institutionalization This household is currently residing in: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Mental Health Institution <input type="checkbox"/> Family-to-Family <input type="checkbox"/> Shelter <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____		

I certify that the above-household has been screened and meets the initial eligibility requirements for the Mainstream Program.  <b>Referring Agency Name:</b> _____  <b>Name:</b> _____ <b>Signature:</b> _____	<b>Date:</b>
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Return the completed form to: Memphis Housing Authority  
 Housing Choice Voucher Program - Mainstream Program  
 700 Adams Avenue  
 Memphis, TN 38105  
 Phone: (901) 544-1347 / Fax: (901) 544-1375

For HCVP Use Only:

Approved  Denied/Reason: \_\_\_\_\_ Date: \_\_\_\_\_

