## Owner/Manager Referral for Project Based Vacancy

Project Name:	Owner/Manager:
Owner/Manager Contact:	_Contact Phone Number:
Unit # and Bedroom Size:	Unit Vacated By:
Applicant Name:	
A Way Home Program:	
Applications can typically be turned around for issuance and the verifications required are submitted along with listed below: For all household members: Documenta showing full name and number, etc. For all household members: Proof of leg For any household member who is disat For any household member who is disat For any adult household member who h For any adult household member who h For any household member who is emp For any household member who received does not have one, they can obtain it but or by calling 1-800-772-1213 For any household member who received from the Dept. of Economic Services, a need verification for food stamps or hea For any household member who received For any household member who received from the Dept. of Economic Services, a need verification for food stamps or hea For any household member who received For any household member who received The award letter stating the am For child support:	e within a two-week time period if this referral form is completed the original, complete application. Acceptable verifications are ation of Social Security numbers (copy of SS card, Benefit letter gal identity – a state or federally issued ID or a birth certificate. oled, but not receiving SS/SSI/SSDI: has no income: loyed: number of hours per week and rate of pay OR n the last 60 days showing gross pay OR os issued in the last 60 days es Social Security benefits: A current award letter. If the applicant y creating an account online at http://www.ssa.gov/myaccount/ es General Assistance, Reach Up/TANF/RUFA/PSE or other grants copy of the eligibility determination. (Please note, we do not alth benefits) es unemployment benefits:
<ul> <li>A copy of the child support ordet the order OR</li> <li>A payment history from the Off</li> </ul>	er, if the amount is being received is the same as the amount of ice of Child Support
For any assets (including those held by a bank, broker, fund manager, credit union, retirement account, certificate of deposit (CD), etc.)	
<ul> <li>A complete, unaltered statement of the account, dated within the past 60 days</li> <li>For any household member who is 18 or older and enrolled in college/higher education:         <ul> <li>Documentation from the institution confirming enrollment status</li> <li>Documentation of tuition and financial aid</li> <li>For families claiming out-of-pocket childcare expense (if working or attending school):             <ul> <li>Documentation of the amount of out-of-pocket expense</li> <li>For families claiming a medical deduction (in the case of elderly or disabled families only) for ongoing medical expenses which are paid out of pocket:</li> </ul> </li> </ul> </li> </ul>	
<ul> <li>Documentation of the out-of-point</li> </ul>	ocket expense – for instance, a statement from the pharmacy aid out of pocket in the past twelve months.

## In Addition, Please Make Sure That Your VSHA Referral List for This Referral Has Been Reconciled