Owner/Manager Referral for Project Based Vacancy

Project Name: _____Owner/Manager: _____

Contact Person:_____Contact Email: _____

Unit #_____ Bedroom Size: _____ Unit Vacated By: _____

Applicant Name: _____A Way Home Program: (if applicable)_____

Applications can typically be turned around for issuance within a two-week time period if this referral form is completed and the verifications required are submitted along with the original, complete application. Acceptable verifications are listed below:

- ☐ **For all household members: Documentation of Social Security numbers (copy of SS card, Benefit letter showing full name and number, etc.**
- ☐ **For all household members: Proof of legal identity – a state or federally issued ID or a birth certificate.**
- ☐ **For any household member who is disabled, but not receiving SS/SSI/SSDI:**
  - Verification of disability form
- ☐ **For any adult household member who has no income:**
  - A notarized no income form
  - An expense worksheet
- ☐ **For any household member who is employed:**
  - A recent Employment Verification showing number of hours per week and rate of pay OR
  - A payroll summary generated in the last 60 days showing gross pay OR
  - 4 consecutive weeks of pay stubs issued in the last 60 days
- ☐ **For any household member who receives Social Security benefits: A current award letter.** If the applicant does not have one, they can obtain it by creating an account online at http://www.ssa.gov/myaccount/ or by calling 1-800-772-1213
- ☐ **For any household member who receives General Assistance, Reach Up/TANF/RUFA/PSE or other grants from the Dept. of Economic Services, a copy of the eligibility determination**. (Please note, we do not need verification for food stamps or health benefits)
- ☐ **For any household member who receives unemployment benefits:**
  - 2 consecutive check stubs OR
  - The award letter stating the amount of the weekly benefit
- ☐ **For child support:**
  - A copy of the child support order, if the amount is being received is the same as the amount of the order OR
  - A payment history from the Office of Child Support
- ☐ **For any assets (including those held by a bank, broker, fund manager, credit union, retirement account, certificate of deposit (CD), etc.)**
  - A complete, unaltered statement of the account, dated within the past 120 days
- ☐ **For any household member who is 18 or older and enrolled in college/higher education:**
  - Documentation from the institution confirming enrollment status
  - Documentation of tuition and financial aid
- ☐ **For families claiming out-of-pocket childcare expenses (if working or attending school):**
  - Documentation of the amount of out-of-pocket expense
- ☐ **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:**
  - Documentation of the out-of-pocket expense – for instance, a statement from the pharmacy indicating what the client has paid out of pocket in the past twelve months.

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