

**Supportive Services for Veteran Families (SSVF)
Homelessness Prevention Referral/Assessment Request**

To: Sandra Chapin From: _____
Fax: (650) 523-0841 Date: _____
Phone: (650) 523-0806 Pages: _____, including cover sheet

Case Manager Name: _____ Phone#: _____

Program Site: _____

Total number in household _____

APPLICANT INFORMATION

Adult 1: _____

Adult 2: _____

Phone: _____ Best time to meet: _____

Total Monthly Income: _____ Source of Income: _____

Rent Amount/Deposit Due: _____

Has the client received rental subsidies from any of the following programs?

Section 8 HPRP SOS CSBG Other: _____

Participation in any of these programs does NOT disqualify anyone from being eligible for an assessment

Additional Information: _____

Completed by: _____ Date: _____

SUPPORTING DOCUMENTS TO INCLUDE WITH REFERRAL

INCOME VERIFICATION COPY OF ID Lease or Offer to Rent PROOF OF VETERAN STATUS

SAMARITAN HOUSE STAFF USE ONLY

Notes:

