

Housing Authority of Billings

Referral for Homeless Preference on Housing Choice Voucher (Section 8) Waiting List

The Housing Authority of Billings has adopted a local preference to the Housing Choice Voucher waiting list for 30 applicants (individuals or families), that;

1. Reside within the PHA's jurisdiction (City of Billings and surrounding 10 mile radius); **and**
2. Are active on the Housing Authority of Billings, Housing Choice Voucher waiting list; **and**
3. Who are verified literally homeless; **and**
4. Who are referred by a participating agency verifying their literally homeless status.

FAMILY INFORMATION:

Applicant Head of Household: _____

Last 4 digits of Head of Household's SSN: _____

Current Mailing Address: _____

City, State, Zip: _____

Phone number(s): _____

e-mail: _____

Please verify and check:

- Applicant currently resides within the PHA's jurisdiction (City of Billings and surrounding 10 miles radius).
- Applicant is active on the Housing Authority of Billings Housing Choice Voucher (Section 8 waitlist). This can be verified by the applicant by calling (406) 237-1959. (If individual or family has not applied to the waiting list, they must do so at billingsha.org or by hard copy available at the Housing Authority of Billings office, **prior to referral.**)

Signature of Referring Agency Representative

Print Name

____/____/____
Date

REQUIRED DOCUMENTATION ATTACHED:

- Verification of Homeless Status and required documentation
- Authorization for Release of Information

REFERRING AGENCY INFORMATION:

Referring Agency: _____

Contact Person: _____

Agency Address: _____

Contact Phone #: _____

Contact Fax: _____

Contact e-mail: _____

Please verify completion of waitlist pre-application and then send/fax this referral form to: Valerie D., email:

valeried@billingsha.org; Fax: (406) 237-1953

NOTE: The applicant can only be referred for 1 preference.

**Housing Authority of Billings
Homeless Self-Statement Certification**

I certify that I was homeless (that is sleeping in a place not meant for human habitation such as living on the streets, in a car, park, abandoned building, bus/train station, airport or camping ground) or temporarily living in a shelter during the following periods of time:

Dates		Place
From:	To:	

What else would you like to share about your history? _____

I certify that the above information is correct.

 Signature of Applicant

 Date

I reviewed the above statement with the applicant.

 Signature of Staff Witness

 Organization

 Date

HOUSING AUTHORITY OF BILLINGS AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date: _____

Street Address: _____ SS#: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ DOB: _____

The undersigned hereby consents to and authorizes the mutual exchange of the information specified below between the **Housing Authority of Billings** and the participating agencies as identified below:

- Riverstone Health Clinic 123 South 27th, Billings, MT 59101
- Mental Health Center PO Box 219, Billings, MT 59103-0219
- HRDC District VII PO Box 2016, Billings, MT 59103
- Community Crisis Center 704 N 30th St, Billings, MT 59101
- MRM (Men & Family Shelters) 2902 Minnesota Ave, Billings, MT 59101
- Other _____
- Other _____

Please furnish the following information:

- Verification of Homeless Status _____ (applicant initial)
- Service Plan _____ (applicant initial)
- Housing History _____ (applicant initial)
- Verification of Disability _____ (applicant initial)
- Other _____ (applicant initial)

This release of information is authorized for use for 15 months from date of signature of undersigned.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

NOTICE TO WHOMEVER DISCLOSURE IS MADE: This information has been disclosed to you from records, the confidentiality of which is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

**Housing Authority of Billings
Verification of Homeless Status**

Date: _____

Name of Applicant: _____

Last 4 of Social Security #: _____

I certify that the above named applicant meets at least one of the following criteria (check all that apply):

- The individual or family lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence, meaning:
 - i. Has a primary nighttime residence that is a public or private place not meant for human habitation (such as a car, park, abandoned building, bus/train station, airport, camping ground).
 - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or be federal, state, and local government programs).
***REQUIRES ADDITIONAL DOCUMENTATION that must be attached that includes dates and locations of homelessness, from one or more of the following (check all that apply):**
 - Certification letter(s) from emergency shelter for the homeless.
 - Certification letter(s) from a homeless service provider or outreach worker.
 - Certification letter(s) from other health or human service provider.
 - Certification Self-Statement signed by the client.

- The applicant is exiting an institution where he or she has resided for **90 days or less AND** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. ***REQUIRES ADDITIONAL DOCUMENTATION, such as discharge paperwork, or written/oral verification from the institution and must be attached.**

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE.

Signature of Verifying Professional

Date