

**HomeFront Preference Referral Form**

HomeFront has adopted a local preference to both the Public Housing (**10 applicants per preference**) and Section 8 Waitlist (**30 applicants**), individuals or families that:

1. Reside within the PHA’s Jurisdiction (City of Billings and surrounding 10 mile radius)
2. Active on the HomeFront Waitlist
3. Who are verified as one of our 3 preferences: Literally Homeless, Family Reunification, or fleeing Domestic Violence
4. Who are referred by a participating agency verifying their preferential 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 mile radius)

⃣ Applicant is currently active on the HomeFront waitlist. This can be verified by the applicant calling (406) 506-4056. If the individual or family has not applied to be on the waitlist, they must do so at [www.homefrontpartners.org](http://www.homefrontpartners.org), **prior to the referral.**

**Which Program is this referral for?**

⃣ Section 8 (Housing Choice Voucher)

⃣ Public Housing

⃣ Both - Individual or Family must be active on both waitlists for preference to be added.

**Preference:**

⃣ Literally Homeless

⃣ Family Reunification

⃣ Domestic Violence

**Required Documentation is attached:**

⃣ Verification of preference 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Referring Agency Rep. Print Name Date

\*Please complete waitlist pre-application online at [www.homefrontpartners.org](http://www.homefrontpartners.org) and then send/fax referral form to: Shanda, Housing Resource Specialist at (406) 245-0387. *Note: The applicant can only be referred for 1 preference for our Public Housing Program*\*

\*This is NOT a Change Form – if a change is needing to be made, please complete a waitlist change form located in our office lobby or online at [www.homefrontpartners.org\*](http://www.homefrontpartners.org*)