

TARGETING PROGRAM LETTER OF REFERRAL

SECTION 1 (Completed by the Referral Agency.)

The head of household must sign a Letter of Referral for each property to which he/she wishes to apply. Referral Agencies can only refer applicants to properties within the agency's service area.

Referral of _____ to _____.
Head of Household Name Property Name (one only)

Please indicate that each of the following statements is accurate by initialing below.

1. _____ Household meets Targeted Unit eligibility criteria as specified on the Property Listing.
2. _____ Household is not comprised solely of full-time students. (If the household is comprised solely of full-time students, contact DHHS for assistance.)
3. _____ I verified Section 8 status with _____
on _____. The household:
Local Section 8 Agency Date

- ☐ is on the Section 8 waitlist. ☐ has a Section 8 voucher
☐ is not eligible for Section 8.
☐ cannot apply for Section 8 at this time, because the waitlist is closed.

(Verification of Section 8 Wait List status and application for Section 8, if possible, is required prior to referral. Section 8 wait list status does not affect Targeting Program eligibility.)

SECTION 2 (Completed by the Referral Agency and the Head of Household.. Head of Household signature required.)

At lease application, I authorize the North Carolina Department of Health and Human Services (NC DHHS) and property management to communicate regarding my application for the Targeted Unit. If my application results in tenancy, I authorize NC DHHS and the Local Lead Agency assigned to this property,

_____,
Name of Local Lead Agency
(Find the property's Local Lead Agency on the Property Listing.)

to communicate with property management regarding issues related to my tenancy. Once I become a tenant, I understand that I may withdraw this authorization at any time.

Head of Household Signature

Date

SECTION 3 (Leave this Section Blank-Must be Completed by DHHS Regional Housing Coordinator.)

DHHS Referral Verification

DHHS Regional Housing Coordinator Staff Signature

Date

Print Name