

REFERRAL



Please complete all questions.

Client Information

Full Name

E-Mail

Street Address

City

Zip

Phone

Date Of Birth

Gender

Race

Referral Information

Referring Agency

Contact

Phone

E-Mail

What program are you referring from?

☐ Homeless ☐ PCCD ☐ Prison ☐ VA ☐ Other: _____

Expected Class Date

Certification

My signature authorizes the release of information between Butler County Home Ownership Program and the following: Butler County Local Housing Options Team and its members; above listed Referring Agency. This release will be valid from date of signature until 12 months past the original Renting 101. certification is obtained or until client withdraws the release in a written and signed statement.

Referring Agent Signature

Client Signature

Please submit:

Kristen Thomson, Housing Counselor

email to:
kristen@housingauthority.com

or fax to:
724-287-7906, Attn: Kristen