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| **Moving On Referral Form** | | | | | | | |
| **PSH Provider Information** | | | | | | | |
| **Date Referral Form Completed:** | | **Referring PSH Agency:** | | | **PSH Program Name:** | | |
| **Form Expiration Date (maximum 12 months from Date of Completion):** | | **Tenant Signed Release of Information**  Yes  No | | | **Case Manager Phone Number:** | | |
| **Case Manager Name:** | | **Case Manager Email Address:** | | | | | |
| **PSH Tenant Information** | | | | | | | |
| **PSH Tenant HMIS ID:** | | **PSH Tenant Name:** | | | **PSH Tenant Phone Number:** | | |
| **PSH Tenant Email Address:** | | **PSH Tenant Current Address:** | | | **Current Rent for the Unit** | | |
| **Number of Person(s) in Household** | | **Number of Bedroom(s) in Current Unit** | | | **Tenant’s current rent contribution** | | |
| **Is PSH tenant currently responsible for utilities?** | Yes  No, utilities are included in rent | **If utilities are included in the rent, which ones?** | Water  Gas  Electric  Cable/ Internet | | **Does the PSH tenant want to move to a new unit?** | | Yes  No  Not Sure |
| **Type of PSH site the tenant is currently residing:**  Project-Based PSH  Master Leasing PSH  Tenant Based PSH | | **Date of the most recent Housing Quality Inspection for the current unit:** | | | **Services Needed by Tenant**  Housing Search Assistance  Case Management  Security Deposit  Utility Deposit  Moving Expenses  Household supplies/ furniture  Renter’s Insurance  Other: | | |
| **Moving On Eligibility Verification** | | | | | | | |
| Tenant wants to move on from the PSH Program | | | | | Yes  No | | |
| Tenant was assessed using the CoC’s Moving On Assessment and met the threshold criteria to move on from supportive housing to independent housing. | | | | | Yes  No | | |
| The PSH Agency has explained to the tenant what will be different about their new housing situation versus their current housing (differences related to the amount being charged for and the process for paying rent and utilities, differences in access to the agency’s supportive services/ case management, etc.) | | | | | Yes  No | | |
| **Required Forms and Documentation** | | | | | | | |
| Signed Release of Information Form | | | | Attached to Referral Form | | In process/ obtaining | |
| Photo IDs (All Adults in the Household) | | | | Has on Hand/ File | | In process/ obtaining | |
| Social Security Cards (All Household Members) | | | | Has on Hand/ File | | In process/ obtaining | |
| Birth Certificates (All Household Members) | | | | Has on Hand/ File | | In process/ obtaining | |
| Citizenship/ Eligible Immigration Status (All Household Members) | | | | Has on Hand/ File | | In process/ obtaining | |
| 3rd Party Income Verification | | | | Has on Hand/ File | | In process/ obtaining | |
| 3rd Party Assets Verification | | | | Has on Hand/ File | | In process/ obtaining | |
| 3rd Party Deductions Verification | | | | Has on Hand/ File | | In process/ obtaining | |
| Housing Pre-Application (if Applicable) | | | | Attached to Referral Form | | In process/ obtaining | |
| **Housing Authority Eligibility Criteria *(Revise if Housing Authority has additional eligibility criteria)*** | | | | | | | |
| No member of the household is subject to a lifetime registration requirement under a State sex-offender registration program | | | | | Yes  No | | |
| No member of the household has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing | | | | | Yes  No | | |
| At least one member of the household is a US citizen or has eligible immigration status | | | | | Yes  No | | |
| No member of the household owes debt to another PHA that they are not working to pay off | | | | | Yes  No | | |
| Gross household income does not exceed 50% of AMI | | | | | Yes  No | | |
| Household is able to get utilities in their name or willing to negotiate with landlord to include utilities in rent | | | | | Yes  No | | |

