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Columbus House Eviction Prevention Program Referral Form

Requirements

- Net income from all sources must be below 80% of the Area Median Income (AMI) for the city of New Haven as determined by HUD at the time of application
- Reside in the city limits of New Haven
- Applicant must be the Head of Household and 18 years or older (all household members must be 18 or older)
- Applicant must be in a current Rental Lease Agreement (month to month will be further reviewed)
- Landlord must be willing to continue/extend lease agreement

| Date: | | | |
|-------------------------|--|--------------|----------------------------|
| Client Information | | HMIS #: | |
| Name: | | Telephone #: | |
| Address: | | (mu | st live in New Haven) |
| Income source: | | Amount: \$ | (must be less than 80% AMI |
| Agency Information | | | |
| Case Manager/Agency Na | me: | | |
| Phone #: | | | |
| Landlord Information | | | |
| Name: | | Phone #: | |
| Necessary Documentation | n Must Accompany T | his Form | |
| ☐ Picture ID | ☐ Verification of Income (if applicable) | | |
| ☐ Social Security Card | ☐ Copy of Lease | | |

Please return this form to cperez@columbushouse.org