

Move Up Minnesota Referral

Applicant Information

Referral Date:

HMIS ID:

Name of Head of Household:

Current address:

Mailing address:

Phone Number:

Email Address:

Household Composition: # of adults:

of children

Referring Agency Information

Name of Agency:

Case Manager Name:

Case Manager Phone:

Case Manager Email:

Additional Move Up Specific Information

Date Moved into PSH:

Number of Months Living in PSH:

Is there a case manager or other service provider who the PHA could contact about the applicant once they have moved up?

If yes, provider name and tile:

Provider Phone:

Provider Email:

AGENCY CERTIFICATION: By signing this referral, I certify that this applicant has been assessed using the Move Up Minnesota Assessment Tool. In completing the assessment, the assessor has reviewed relevant rent, utility, employment and financial documentation to substantiate the scores. In my estimation, this applicant will be a successful tenant under the Section 8 Housing Choice Voucher program.

Signature of Case Manager or Authorized Agency Representative and Date

APPLICANT AGREEMENT: By signing this referral, I am confirming that I am willingly participating in the Move Up Minnesota Initiative. I further confirm that the information contained in this document and the assessment tool is as accurate as possible.

Signature of Referred Applicant

Date