

Office of Community Services
Human Services Building
One Smithfield Street, Suite 200
Pittsburgh, PA 15222-2221



Phone: 412-350-5701
Fax: 412-350-4004
TDD: 412-473-2017
www.alleghenycounty.us/dhs

CLIENT REFERRAL FOR EMERGENCY HOUSING VOUCHER

The Emergency Housing Voucher (EHV) Program is part of the American rescue plan signed into law by President Biden in 2021. Vouchers are available only to people experiencing literal homelessness or were formerly homeless and need on-going rental assistance to prevent further homeless episodes

All service providers seeking EHV's on behalf of their program participants will be required to (Please read and check each item to acknowledge understanding):

Make referrals through DHS using this referral form to ensure proper tracking, documentation, and certification of the referral. **All** questions must be answered on this form with supervisor review and approval.

Support individuals and families in completing applications and obtaining all necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers to housing.

- Support Housing Authorities in ensuring appointment notifications to eligible individuals and families are received and will assist eligible households in getting to meetings with Housing Authorities.
- Support eligible individuals and households in completing and applying for supportive services, assist in providing all documentation to accompany applicants to the Housing Authority, including proof of age, social security cards, current photo identification, and all other documents necessary for the Housing Authority to process documents to determine eligibility for voucher assistance under the EHV Program. Ensure individuals return acceptable required documentation within the Housing Authorities set time frame.
- Attend EHV applicant briefings on an as needed basis.

Explanation of why Section 8 voucher will end current homeless episode or reduce likelihood of client returning to homelessness:

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

Erin Dalton, Director

Rich Fitzgerald, Allegheny County Executive

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Applicant and Provider Information

Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Phone Number: _____ Alternate Phone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Applicant E-mail address: _____

Do you plan to reside in this apartment with the Housing Choice Voucher? (Y/N) _____

<u>Additional Household Members</u>	<u>Relationship</u>	<u>Soc.Sec #</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use additional sheet if more than 5 additional household members

Number of bedrooms requested: _____

Total Yearly Household Income (Cannot Exceed 50% of Area Median Income): _____

Income Source(s): _____

Referring Agency: _____

Program Name: _____ **Program Type:** _____

Staff member making referral: _____

Title: _____

Signature: _____ **Date:** _____

E-mail: _____ **Phone:** _____

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Is the applicant(s) requesting assistance with any of the following items from the Services Fee?

- Landlord Retention Bonus (only available if client will remain in current apartment)
Yes No
- Landlord New Leasing Bonus (only available if tenant will be moving to new apartment)
Yes No
- Housing Search Assistance (only available if tenant is moving and you cannot locate a unit)
Yes No
 - Which area would the applicant like to reside:
 - City of Pittsburgh
 - Allegheny County
 - No Preference
- Rental application fees
Yes No
- Utility Deposits
Yes No
- Other eligible expenses (describe)

Supervisory Staff member reviewing referral: _____

Signature: _____

Title: _____

E-mail: _____ Phone: _____

By signing this form, I authorize the Housing Authority to obtain and release any information relevant to my Housing Choice Voucher application to the Allegheny County Department of Human Services and their contracted service providers.

Applicant Signature: _____

Date: _____

Please Return Referral Form to: EHV@alleghenycounty.us