REQUEST FOR REFERRALS FORM

Date:	
(Contact Person)	
(Housing Authority Name)	
(Address)	
(City, State, ZIP)	
Dear: (Contact Person)	
The plans to develop a # of Units	
development in	
family/elderly name of commun	ty
The development will serve tenants whose income range from% to county median income. We expect to place the development in service	o% of the
We believe our development will meet the needs of many of your prospective you refer those who have been on your waiting list for six months or more to u	
Should you have any questions, please contact me at ()	·
Sincerely,	
Contact Person	