

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

NASHVILLE-DAVIDSON COUNTY CONTINUUM OF CARE (CoC)
EMERGENCY HOUSING VOUCHER (EHV) REFFERAL

Name of Individual/Family Referred

Mailing Address Line 1

Mailing Address Line 2

City, State, Zip Code

Phone Number (If none, enter name and phone of Housing Navigator)

The individual or family being referred meets the following eligibility category for an EHV:

Homeless

At risk of homelessness

Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking

Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability

Case Management/Housing Navigation and/or other necessary supportive services will be provided on an intensive basis following housing procurement. The CoC or other homeless service provider is also committed to:

1. Provide housing search assistance;
2. Assist the household's transition from homelessness to permanent housing;
3. Assist the household with complying with the Housing Choice Voucher program rules

To the best of our ability, the CoC will respond to any questions or concerns about the applicant/participant.

The ongoing services will primarily be provided by:

Organization or Agency

Name and Address:

Housing Navigator:

Housing Navigator Phone:

Housing Navigator Email:

I hereby certify the above individual or family qualifies for an Emergency Housing Voucher, has been determined vulnerable through the use of the VI-SPDAT, and will receive ongoing services as stated above.

By: _____

Signature of Continuum of Care Representative (MHID rep)

Printed Name of Continuum of Care Representative (MHID rep)

Date

Return to: NORMAN DEEP
DIRECTOR OF RENTAL ASSISTANCE
METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
PO BOX 846
NASHVILLE, TN 37202

Fax: 615-687-9976
Email: ndeep@nashville-mdha.org