

Bloomington Housing Authority
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Program Contact:
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FUNDED IN PARTNERSHIP WITH:



AGENCY PARTNER REFERRAL FORM

Referral Agency: _____

Contact Name: _____ Referral Contact Phone: _____

Referral Address: _____

Client Name: _____ Other Adult: _____

Is this person a resident of Monroe County? Yes No Is this person currently experiencing homelessness? Yes No

If yes, where do they sleep most frequently? _____

Is this client enrolled in any other Supportive Housing Program? Yes No If yes, which program are they enrolled? _____

Is this person fleeing domestic violence? Yes No

Reason for Referral: _____

Will you or someone from your agency be providing ongoing case management and/or housing support to this individual after their lease signing?

Yes No

Is there a plan for housing stability in place? Yes No

If yes, what is it? _____

Does this household have regular income? Yes No If yes, what is the source and monthly GROSS amount? _____

Will this individual be able to cover their housing costs (rent/utilities)? Yes No

If no, how will they supplement their income to cover essential expenses? _____

PLEASE COMPLETE THIS FORM & SUBMIT ALONG WITH
THE RESIDENT APPLICATION for PROGRAM ENROLLMENT