



## ESG Rapid Re-Housing Referral Form - Housing Search

Date of Referral:  Referring Agency:

Name of Referring Case Manager:

Case Manager phone number:

Case Manager email:

Client Name:

Client Phone #:  Client Email:

Cambridge Shelter where client is staying:

Please attach a homeless verification dated within 24 hours of this referral.

**Does client have a voucher?** Yes or No *(please circle one)*

If yes, please provide copy of the voucher with this intake

**Is client requesting housing search assistance for market rate units?** Yes or No *(please circle one)*

If yes, please provide the last 30 days of income with this intake.

Please note, the minimum NET income for market rate housing search is **\$2000.00** each month.

Client's will be required to submit their verification of Homelessness every 30 days along with income.

**Please email completed referral forms to Amina Banton at [banton@homestart.org](mailto:banton@homestart.org) and CC Beth Anderson at [banderson@cambridgema.gov](mailto:banderson@cambridgema.gov)**