



Local Rent Supplement Program Referral Form

Date: _____

District of Columbia Housing Authority
1133 North Capitol Street, NE
Washington DC, 20002

Dear District of Columbia Housing Authority (DCHA),

The Department of Human Services (DHS) has deemed the applicant listed below to meet the criteria for DHS' Permanent Supportive Housing (PSH) program and being referred for Local Rent Supplement Program (LRSP) eligibility determination. The applicant is applying the sponsored-based program and will be provided with ongoing intensive case management by the Case Management Provider sponsor listed below.

Applicant Name (HoH):
Applicant Social Security:
Applicant Address:
Applicant Telephone:
PSH Provider & Program Name (Sponsor):
PSH Provider Address:
Case Manager Name:
Case Manager Telephone:
Case Manager Email:
Program Address:
Property Manager Name:
Property Manager Telephone:
Projected Move-In Date:
Security Deposit: To be paid by DCHA - DC Housing Authority upon receipt of signed Lease

Thank you in advance for processing this referral.

Sincerely,

Tawana Holland, LICSW, LCSW-C
PSH Supervisory Social Worker
Family Services Administration
Homeless Services Program