

**Hampden/Hampshire/Franklin County Referral Form**

**Tenancy Preservation Program**

**995 Worthington Street**

**Springfield MA 01109**

**(413) 734-5376**

**Fax (413) 737-7949**

**TTY (413) 785-5288**

*\*PLEASE FAX ANY/ALL LEGAL DOCUMENTS WITH REFERRAL\**

Referral Agency/Company: \_\_\_\_\_  
Name of Referral Source: \_\_\_\_\_

Date of Referral: \_\_\_\_\_  
Docket # \_\_\_\_\_

Tenant Name: \_\_\_\_\_  
Tenant Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_

Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

*Type of housing @ time of referral*

Project-Based Subsidized Housing     Tenant-based Subsidy     Private Housing/No Subsidy

**NEXT COURT DATE** \_\_\_\_\_

**Tenant's Primary Language**     English     Spanish

**Tenancy Risk Factors** (Check those factors that could result in loss of tenancy)

Non-Payment  
(Since Date \_\_\_\_\_;  
Amount \$ \_\_\_\_\_)

Non-compliance with Administrative  
Requirements

Sanitary Condition of Unit

Hoarding

Disturbances

Problems w/ Neighbors/Staff

Vandalism/Destruction of Property

Unsafe cooking/smoking

Violent Behavior

Fire or other threats to safety

Guest or illegal occupant problems

Length of time for complaint/s? \_\_\_\_\_

Do you think there are any underlying issues such as disability? Is it related to the lease violation? \_\_\_\_\_

Mental illness

Mental Retardation

Substance Abuse

Problem related to aging

Domestic Violence

What reasonable accommodations is the referral source asking for? \_\_\_\_\_

**For TPP Staff Use Only**

**Tenant Accepted into Program. Case Opened** \_\_\_\_\_

**Tenant Deemed Eligible. Placed on Wait List** \_\_\_\_\_

**Tenant Deemed ineligible on** \_\_\_\_\_

**Tenant Refused Services/Unresponsive on** \_\_\_\_\_