

# Illumination Foundation - HPRP Referral



Date:

\_\_\_\_\_  
Last city of residence over 3 months:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone number and email address:

\_\_\_\_\_  
Preferred contact time and language of preference:

\_\_\_\_\_  
Landlord contact information (name, address, phone number, e-mail):

\_\_\_\_\_  
Current housing situation:

\_\_\_\_\_  
Most recent or current employment start and end date:

\_\_\_\_\_  
Would not receiving these funds directly lead to homelessness (no other options)?

\_\_\_\_\_  
Date of notice to exit (3 day or eviction):

\_\_\_\_\_  
Number of people in the household:

\_\_\_\_\_  
Household monthly income and source(s):

\_\_\_\_\_  
Monthly rent amount and number of rooms:

\_\_\_\_\_  
Move in date:

\_\_\_\_\_  
Financial assistance needed:

\_\_\_\_\_  
Reason for need (income decreased or expenses increased):

\_\_\_\_\_  
Explain future sustainability/ability to pay future rent without assistance:

\_\_\_\_\_  
Name and agency referring you to Illumination Foundation:

Completed referrals may be faxed to 888-389-7199 or emailed to [hprp@ifhomeless.org](mailto:hprp@ifhomeless.org)

A screener will call to follow up within 5-7 business days to assess for Homeless Prevention and Rapid Re-Housing Program (HPRP) funds.

Updated 07-15-10