



### Project Based Building Referral Letter

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

The following family has been determined to be eligible to move into our building in accordance with our Tenant Selection Plan. Please process the enclosed application and determine if this family is eligible for Project-based assistance.

Prospective Head of Household Name \_\_\_\_\_ Unit #: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Emergency: \_\_\_\_\_

\_\_\_\_\_  
Property Manager Printed Name                      Signature                      Date

To be completed by Denver Housing Authority HCV Dept:

Date Received: \_\_\_\_\_ Date Application Complete: \_\_\_\_\_

\_\_\_\_ Accepted                      Orientation Date: \_\_\_\_\_                      Move in Date: \_\_\_\_\_

\_\_\_\_ Denied                      Denial reason: \_\_\_\_\_

Hearing requested: Yes \_\_\_\_\_ No \_\_\_\_\_                      Hearing Result: Upheld \_\_\_\_\_ Overturned \_\_\_\_\_

Date Building Notified: \_\_\_\_\_

Elite updated on: \_\_\_\_\_

\_\_\_\_\_  
Name                      Signature                      Date

Date Submitted to Manager for Final Approval: \_\_\_\_\_

Manager Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name                      Signature                      Date