



The Community Partnership  
For The Prevention  
of Homelessness

CHECK BOX FOR ADDRESS CHANGE

# SHELTER PLUS CARE

## AGENCY PLACEMENT REQUEST

Forward request to the Shelter Plus Care Property Administrator  
w/current income documentation or No Income Statement  
Fax # (202) 543-5361

\_\_\_\_\_ has identified \_\_\_\_\_  
(Sponsoring Agency's Name) (Candidate's Name)

for Shelter Plus Care Permanent Housing with our agency.

The following will provide The Community Partnership with the required information for completing the Shelter Plus Care Placement Approval Voucher for the aforementioned. The identified sponsoring agency understands that this form must be completed and forwarded to The Community Partnership in order to expedite the placement process. Upon receipt of this form, the Property Administrator will contact both the agency contact and the landlord to schedule an inspection of the identified unit.

Source of Income: \_\_\_\_\_

Income Amount: \_\_\_\_\_

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

Unit #: \_\_\_\_\_

Zip Code: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

Family Size: \_\_\_\_\_

Unit/Rent Amount: \_\_\_\_\_

Utilities included in rent: \_\_\_\_\_

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

Landlord Telephone #: \_\_\_\_\_

Landlord Email address: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Agency Representative

\_\_\_\_\_  
Date