

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS Section 811 Outside Service Area Property Referral Form

| Applicant Name: Referral Agent Name: | | |
|---------------------------------------|----------------------|--|
| Referral Agent Name: | Applicant Name: | |
| | Referral Agent Name: | |

SECTION 811 PRA PROGRAM REQUIREMENTS

- Eligible Applicants may choose properties that are located across the state and participation in services is not required
- Referral Agents are authorized to submit Applications that include Property Options Forms that only include properties that are within their agency's service delivery area

PURPOSE OF THIS FORM

In order for a Referral Agent to submit an Application with a Property Options Form that is outside of their service deliver area, a point of contact for the Section 811 program in the other service area must be notified and sign this form. One **Section 811 Outside Service Area Property Referral Form** may be submitted for multiple property lists in counties within the same provider service area. Applicants will remain eligible for the Section 811 PRA program but will not be added to property wait lists outside their Referral Agent's service deliver area until this completed form is submitted to TDHCA by the Referral Agent.

CERTIFICATIONS FOR ALL PARTIES SIGNING THIS FORM

- Applicants are not guaranteed services once they move to the new provider service area.
- Applicants must meet the new provider's eligibility criteria and complete the required intake process prior to receiving services.
- Referral Agents must identify a Section 811 point of contact and alert them of the Applicant's desire to move to their service delivery area if a Section 811 property becomes available.
- Section 811 Point of Contact will support the Applicant's connection to services once they move.

| SECTION 811 POINT OF CON | ACT IN SERVICE DELIVERY AREA WHERE PROPERTIES ARE LOCATED |
|---------------------------------|---|
| Point of Contact Name: | |
| Service Agency: | |
| Mailing Address: | |
| City/State/Zip: | |
| Phone Number: | |
| Email Address: | |
| SIGNATURES | |
| Applicant: | Date: |
| Referral Agent: | Date: |
| Point of Contact: | Date: |
| | |