

Head of Household Name:

ECHO Staff Signature

Housing Authority of the City of Austin **Established in 1937**1124 South IH 35, Austin, TX 78704

Referral for Emergency Housing Voucher Program

This letter confirms the household has been assessed by Coordinated Entry and referred for enrollment to the Emergency Housing Voucher (EHV) Program for the following head of household and their family members:

HMIS ServicePoint ID Number:	
· C,	
Partnering Service Provider:	
Provider Point of Contact:	
The family is presumed eligible for the EHV Program ar following populations as required in Notice PIH 2021-1	
	? o.
Homeless	7/
At-risk of Homelessness	Tho.
Fleeing or attempting to flee domestic violence human trafficking	e, dating violence, sexual assault, stalking, or
Recently homeless	O _F
Recently nomeless	4
The above-named support services provider has accept System. The program has pledged to provide the servic	
and ECHO, and to assist the family in accordance with t for Program Delivery.	
Sincerely,	

Date