



EPH Prevention - Landlord/Tenant Referral Form

If you have a tenant family that is at risk of being evicted due to non-payment of rent and you feel they could benefit from a relationship with our organization please fill out the form below and submit it to:

Marcia Shefchik - Family Prevention Specialist

[marcias.eph@gmail.com](mailto:marcias.eph@gmail.com)

We will review the referral, complete an assessment with the family, and determine whether assistance can be provided and the type of assistance that will benefit you and the family.

Assessment data will include: \*Outstanding rent \*Amount of rent \*Monthly budget \*WPS/Water \*Employment

Landlord Information

Property Company: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Landlord or Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Tenant Information

Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Lease Information

Lease Info: (Check One)  1 year  Month-to-Month Lease Expiration: \_\_\_\_\_  
 Monthly Rent: \_\_\_\_\_ Utilities: (Check One)  Tenant  Landlord Water: (Check One)  Tenant  Landlord

Rental Debt Summary

Back Rent Owed: \$ \_\_\_\_\_ Number of months behind rent payment: \_\_\_\_\_ Payment Plan: (Check One)  Yes  NO  
 If Yes to Payment Plan, Please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Landlord Summary

Please share any information you feel would be helpful to our assessment process:

\_\_\_\_\_  
 \_\_\_\_\_

Landlord/ Tenant/EPH Release

By signing this release, both the Landlord and Tenant give permission for both parties, along with EPH, to share information between all parties.

Referral Date: \_\_\_\_\_

Landlord: (Print Name) \_\_\_\_\_ (Sign Name) \_\_\_\_\_

Tenant: (Print Name) \_\_\_\_\_ (Sign Name) \_\_\_\_\_

EPH: (Print Name) \_\_\_\_\_ (Sign Name) \_\_\_\_\_