



**HOUSING FACILITATOR CONSENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 AGING SERVICES  
 SFN 1212 (4-2023)

Consumer Name	Date of Birth
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I freely choose to participate in the Housing Facilitation Program.

The Housing Facilitation Services are intended to assist individuals in navigating the permanent supportive housing system. Services could include and are not limited to: Requesting a reasonable accommodation, obtaining a housing modification, rent or deposit resources, porting a housing voucher, applying for weatherization or another grant program and to assist with the potential barriers of limited income, low credit score, criminal background and/or needing an accessible unit.

I understand the following:

- That I will assist in getting the correct documentation in conjunction with the Housing Facilitator so that they can assist in their services.
- That I will report necessary information as it pertains to obtaining permanent supportive housing.
- I will read and abide by the Tenancy Handbook that has been provided to me.
- That the facilitator will only search for affordable housing which is limited to (30%) of the household budget. The Housing Facilitator will also need to know who all will be occupying the home as it pertains to the voucher and accessibility and spatial needs.

I will have access to the Housing Facilitator for 90 days after occupancy and agree to check-in regarding are concerns related to maintain my housing.

**Signatures**

Consumer Signature	Guardian Signature (if applicable)	Date
Transition Coordinator Signature		Date