



HousingMatch.org Agency Applicant Form

1. Please type on this form.

2. Email to admin@housingmatch.org,

3. Subject: <<Name of Your Agency>> Application

Date: _____
Agency Name: _____
Agency Address: _____
Supervisor Name: _____
Supervisor Email: _____
Supervisory Phone: _____

List of participating Referring Agency Representatives (RARs):

<u>First and Last Name</u>	<u>Email</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

TERMS OF ACCEPTANCE and SIGNATURE

By signing this document, all parties verify that they have read, understand, and agree to the HousingMatch.org Participation Agreement, Administrative Guidelines, Terms of Service, and Privacy Policy; and that all the above information is true and correct.

Supervisor Signature

Date

Licensed Social Worker (LCSW) license #

Date