

Emergency Housing Voucher Referral

Agencies to fill out this section.
If you are referring yourself, skip this section

Date Requested: _____

Agency Submitting Request: _____

Requested By: _____

Requestor's Phone Number: _____ **ext:** _____

Applicant, please fill out as much as you can.

Applicant Name: _____

Applicant's Phone Number: _____

Applicant's Address: _____

Either mail, email, or drop off this form to:

James Stengel
313 Mill Street
Poughkeepsie NY, 12601
jstengel@hudsonriverhousing.org
845-337-4407 ext 403

