



Housing Works Program Application

Participation in the program will not affect your current housing with CRHC. Please answer the following questions to the best of your ability. Your answers will be used to provide you with the best possible services and will not ensure acceptance or rejection to the program.

Date: _____ Lease ID Number: _____

Personal Information

_____	_____	_____
First Name	Middle Initial	Last Name
Birth Date: ____/____/____		
	Year	Month Day
Phone Number(s)	_____	_____
	Home	Other (work/cell)

1. Are you currently living in Capital Region Housing Corporation’s “Community Housing Rental Program”?

Yes No

If you are unsure please give your current address: _____

2. Are you willing to work toward full time employment?

Yes No

3. Are you committed to achieving a better way of life for you and your family?

Yes No

4. Are you prepared to work in partnership with an Outreach Support Worker to identify, set and achieve goals designed to assist you in moving into “Market” or “Below Market” housing?

Yes No