

## Hazel Heights Apartments Waitlist Preference Form

### Completion of qualified self-sufficiency or housing preparedness program

**Instructions:** This optional form may be completed by program staff to grant preference to an applicant for the Hazel Heights waitlist. It is to be completed by a person who is able to verify applicant participation in a program meeting the criteria below. **Preference points are not required to apply to the Hazel Heights waitlist-** applicants may apply for tenancy regardless of preference but must meet all screening criteria outlined in the Building Criteria document. CCC Management reserves the right to verify referral programs in fact meet the below requirements and follow-up with referring individual to confirm applicant completion of program prior to move-in. Only one (1) preference point will be granted regardless of the number of programs the applicant participates in.

Management will grant one (1) preference point for the waitlist to applicants that have completed by a program that verifies the successful completion or ongoing participation in one or both of the following:

- a.) A self-sufficiency program that assists the applicant in accessing and obtaining employment opportunities through counseling, career guidance, and/or skills enhancement (not employment/temp agency), OR;
- b.) A program that provides counseling and skills to prepare participants for successful tenancy in permanent housing.

To receive preference, the applicant must have been enrolled in the program for at least one day during the 12 month preceding the submission of their application. The program must be at least 3 months in duration and the applicant will have to complete the program prior to move-in.

### AGENCY PROGRAM STAFF COMPLETE THIS SECTION

Name of Applicant: \_\_\_\_\_

Program Name: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

What counseling, career guidance, skills enhancement, or housing preparedness services does the program provide to applicant (please be specific):

Date Applicant Initially Enrolled in Program (mm/dd/yyyy): \_\_\_\_\_

Has the Applicant completed the Program                      Yes                      No

If Yes, what date (mm/dd/yyyy)? \_\_\_\_\_

If No, when do you expect the applicant to complete the Program? \_\_\_\_\_

Printed Name and Title of Referring Individual: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Referring Individual: \_\_\_\_\_ Date: \_\_\_\_\_

### WHEN THIS FORM IS COMPLETE

Return this completed form in person to Central City Concern, Housing, 523 NW Everett St, Portland, OR 97209 or email to [hazelheightsapply@ccconcern.org](mailto:hazelheightsapply@ccconcern.org)