



Hill Park Apartments Program Referral

| | has applied for Hill Park Apartments. Central City Concern (CCC) | |
|---|--|--|
| grants a waiting list preference to applicants wh transitional program or the CCC Employment A | o can demonstrate completion or pending graduation from a supportive | |
| transitional program of the eee Employment 7. | iceess center (Erre). | |
| | | |
| TRANSITIONAL OR EMPLOYMENT I | PROGRAM STAFF COMPLETE THIS SECTION | |
| | | |
| | | |
| Name of Applicant | | |
| | | |
| Transitional or Employment Program Name | | |
| 1 -1 | | |
| Applicant's Program Completion/Graduation D | ate (or anticipated date): | |
| Applicant \$110gram Completion/Graduation De | ate (of anticipated date). | |
| This program does not include graduation, but is | ncludes on-going career growth and/or skills enhancement: Yes No | |
| | | |
| Name and Title of Referring Individual: | | |
| Phone Number: | Relationship to Applicant: | |
| | | |
| Cionatura of Defamina Individual. | | |
| Signature of Referring Individual: | | |
| | | |
| | | |

APPLICANT: WHEN THIS FORM IS COMPLETE

Return this completed form in person to:

Central City Concern Housing 523 NW Everett Street Portland, OR 97209

Refer to Hill Park Building Criteria for full building eligibility requirements.