



HOME FORWARD PROGRAM - REFERRAL FORM

Head of Household Name:

Phone Number:

Email Address:

Current Address:

City:

State:

Zip:

Preferred Contact:

Phone

Text

Email

HOUSING INFORMATION

Needs assistance obtaining/maintaining housing

Unit in City of Kalamazoo or KCPS District

Current Monthly Rent:

Rental Unit Address:

ELIGIBILITY SCREENING

Earned income

At or below 80% AMI

Interested in Financial Self Sufficiency

Understands participant responsibilities

REFERRAL INFORMATION

Referral Organization:

Referring Staff Name:

Phone:

Email:

Reason for Referral / Comments:

Submit: referral@housingresourcesinc.org | 643 W. Crosstown Parkway, Kalamazoo, MI 49008

Referrals do not guarantee program eligibility or enrollment and are solely used to contact potential applicants.

Contact: 269.488.0950 (direct line to HRI Program Coordinator)