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: 269 382 0287