

PRISMA

HEALTH SM

By completing and submitting this form to Human Resources, you are requesting to participate in the Greenville Health System's Employer Assisted Housing Program. The information you provide will be treated confidentially and will be used by the Greenville Health System's Human Resources Department and CommunityWorks to help determine your eligibility to participate in the program. You will be contacted with information on the status of your application as soon as possible (usually in 2 weeks).

First Name

Middle Name

Last Name

Street Address

City

State

Zip code

Telephone-Home

Work

Email address

1. Greenville Health System Hire Date: Month _____ Day _____ Year _____
2. Are you a full-time or part-time employee? Yes _____ No _____
3. What is your job title/ _____
4. Did you receive at least a satisfactory or better rating on your last performance evaluation? Yes _____ No _____
5. What is your annual household income before taxes and deductions?
\$ _____
6. What is the size of your household? _____ person (s)
7. Are you interested in purchasing a home close to one of the hospital locations? Yes _____ No _____
8. Are you willing to participate in homebuyer education seminars to learn more about the home buying process and other assistance programs? Yes _____ No _____
9. Are you willing to have a confidential one-on-one counselor to talk about your financial situation and how to prepare for buying a home? Yes _____ No _____

Employee's Signature

Date

Please return this form along with the following forms to CommunityWorks either via fax to 864-235-6326 or via email to ckidd@cwcarolina.org :

- Home from Work Employer Assisted Housing Application
- Down payment Assistance Program Application
- Homebuyer Education Certificate