



By completing and submitting this form to Human Resources, you are requesting to participate in the Beaufort Medical Employer Assisted Housing Program. The information you provide will be treated confidentially and will be used by the Beaufort Medical 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.

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First Name	Middle Name	Last Name
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Street Address

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City	State	Zip code
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Telephone-Home	Work	Email address
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1. Beaufort Medical 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 interested in refinancing a home close to one of the hospital locations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Are you willing to participate in homebuyer education seminars to learn more about the home buying process and other assistance programs? Yes \_\_\_\_\_ No \_\_\_\_\_
10. 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 \_\_\_\_\_

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Employee's Signature	Date
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**Please return this form along with the following forms to CommunityWorks either via fax to 864-235-6326 or via email to [hba@cwcarolina.org](mailto:hba@cwcarolina.org):**

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