CommunityWorks
Building People & Places

Beaufort Memorial HOSPITAL

By completing and submitting this form to CommunityWorks, you are requesting to participate in the Beaufort Memorial Employer Assisted Housing Program. The information you provide will be treated confidentially and will be used by the Beaufort Memorial Human Resources Department and CommunityWorks to help determine your eligibility to participate in the program. You will be contacted with information regarding the status of your application as soon as possible.

First Name | Middle Name | Last Name

Street Address

City | State | ZIP Code

Telephone (Home or Cell) | Work | Email Address

1. Beaufort Memorial Hire Date:
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?
7. Are you interested in purchasing or refinancing a home close to one of the hospital locations? ☐ YES ☐ NO
8. Are you willing to participate in a homebuyer education class to learn more about the homebuying process and other assistance programs? ☐ YES ☐ NO
9. Are you willing to have a confidential one-on-one meeting with a housing counselor to talk about your financial situation and how to prepare for buying a home? ☐ YES ☐ NO

Employee Signature | Date

Please email this form along with the *Home from Work Employer Assisted Housing Application* to David Haan, Homebuyer Assistance Coordinator, dhaan@cwcarolina.org