

EXHIBIT 3: INFORMATION SHEET

Name of Apartment Community: _____

Name of Applicant: _____

Home Address: _____

City, State, Zip: _____

Phone number: (H) _____ Email: _____

Are you are resident at the site? Yes No

Give a brief description of:

A situation in which you've had to work with different types of people _____

Any experience you have working with computers _____

Your written communication skills and oral communication skills _____

Your ability to solve problems _____

Your capacity to work independently or in a group _____

Any prior experience working in the supportive service arena _____

Please explain why you would like to be a Supportive Services Coordinator. _____

STATEMENT OF COMMITMENT

By signing below, I acknowledge that I am committed to serving as a Supportive Services Coordinator employed by _____; I understand the position involves approximately 40 hours per month, including some evenings and weekends, and an occasional overnight training event.

Signature of Applicant

Date

Signature of Owner Representative

Date