

Form to be completed by Housing Authority

Date: _____
MM/DD/YYYY

Housing Authority of _____

Is the Housing Authority a member of CCHRCO?

_____ Yes _____ No

Is the Housing Authority a member of SERC-NAHRO

_____ Yes _____ No

Is the Housing Authority a member of NAHRO

_____ Yes _____ No

Housing Authority must be a member of the organization for the applicant to be considered for a scholarship from that organization.

Name of person completing form: _____

Contact number for person completing form: (_____) _____