CROSBY HRA

SUPPLEMENTAL APPLICATION FORM

HOUSING SPECIALIST

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED

NAME: _____

Each applicant must complete this supplemental questionnaire as a part of the application screening and selection process. The information you provide will be reviewed to determine your eligibility to move forward in the selection process. Incomplete responses, false statements, omissions, or partial information may result in disqualification from the selection process. Feel free to add additional pages if needed to complete your responses.

1. Do you have experience in determining income eligibility for clients, and for what program(s)?

2. Describe your experience and level of responsibility relative to rent collection.

3. Describe your experience and level of responsibility relative to reconciling and balancing cash receipts.

4. Describe your experience and level of responsibility relative to residential leasing/property management.

5. Do you have experience researching and interpreting federal, state, or other program regulations? If so, please give at least one example.

6. Describe your experience serving the public. Please give an example of when you had to deal with an unhappy client/landlord/person and what you did to resolve the situation.

7. What experience and how many years do you have using windows-based personal computing software (i.e. Excel, Word, etc.)

8. Why are you interested in this position and what could you bring to the job?

I hereby certify that my answers to the questions on this application are complete and true to the best of my knowledge.

_____ _____

Applicant's Signature Date