Sault Ste. Marie Housing Commission
Established August 21, 1961
608 Pine Street / P.O. Box 928 • Sault Ste. Marie, Michigan 49783
PHONE 906/635-5841 • FAX 906/635-9500 • TDD No. 1-800-545-1833 Ext. 429 • www.saulthousing.com

RESIDENT STIPEND PROGRAM APPLICATION

Thank you for your interest in the Sault Ste. Marie Housing Commission's Resident Stipend Program. This application helps us learn about your experience, interests, and qualifications for resident participation opportunities.

The Sault Ste. Marie Housing Commission administers the Resident Stipend Program in accordance with applicable federal, state, and local laws. Eligible residents will be considered for participation without regard to race, color, religion, sex, national origin, familial status, disability, age, or any other characteristic protected by law.

Applicant Information

Name: _____ Date:_____

Address: _____ Phone: _____

Email Address (if applicable): _____

Qualifications

1. Describe any training, skills, qualifications, volunteer experience, or other experience that relates to this Resident Stipend Program. _____
   _____
   _____
2. Describe any work, volunteer, leadership, or community involvement experience. _____
   _____
   _____
3. List any professional, trade, business, or civic organizations in which you have participated, along with any offices held (do not include organizations that would disclose protected characteristics).
   _____
   _____
   _____
4. **Please provide any additional information you would like us to consider:** _____
   _____
   _____

Date available to begin: _____

References

Please list up to three references who are not relatives:

Name	Address	Phone	Years Acquainted
1.			
2.			
3.			

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee selection for participation in the Resident Stipend Program. I authorize the Sault Ste. Marie Housing Commission to verify information relevant to my qualifications and eligibility for participation, including contacting the references listed on this application.

Signature: _____ Date: _____