



The Supportive Housing Association of New Jersey Housing Navigation Course Application

Name: _____

Title: _____

Email: _____

Work Phone: _____ Mobile: _____

Agency: _____

Agency Address: _____

I serve clients in the following counties: _____

Please describe your professional experiences in assisting individuals to plan for and secure supported housing

In your current position, how many hours per week do you provide direct support to individuals regarding supportive services or housing and approximately how many people to you serve?

Please describe your experience/knowledge in the various housing systems i.e. supportive housing, HUD, USDA, DDD and affordable housing.

If you were to be chosen to be a participant in the class, how many individuals in the 12 months following the course would you expect to support in securing supportive housing?

Please indicate relevant programs/trainings that you have attended within the last 24 months:

Please include relevant information including, education, professional or personal experience that would aid in determining your eligibility for this course.

The following question is optional and will not be included in the selection criteria:

I identify my ethnicity as (check all that apply):

Asian Black/African American Caucasian Hispanic/Latinx Native American Pacific Islander

Prefer not to Answer Other: _____

Please send this completed application, along with other requirements and letter of recommendation to apply@shanj.org.