





OPPORTUNITY FACTORY AEG ENROLLMENT APPLICATION

The Housing Authority of the County of Santa Cruz and New Horizons is proud to partner with **Advanced Employment Group** (AEG), a workforce development organization dedicated to creating employment opportunities for individuals. AEG provides the tools, support, and environment needed for growth, independence, and inclusion.

This program is offered at **NO COST** to Housing Authority participants. To enroll, please complete the application below. Once submitted, a member of the AEG team will be in contact with you directly.

Full Name: Date of Birth: Address: City: State: ZIP: Phone: Email: ELIGIBILITY CONFIRMATION Please check the box to confirm: I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST Job Readiness Training Skills Development Workshops Resume/Interview Support Job Placement Assistance Other: BEST TIME TO CONTACT YOU Morning Afternoon Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps. Signature: Date: Da	PERSONAL INF	ORMATION				
City: State:	Full Name:		Date	Date of Birth:		
State: ZIP: Phone: Email: ELIGIBILITY CONFIRMATION Please check the box to confirm: I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST Skills Development Workshops Skills Development Workshops Skills Development Assistance Other: BEST TIME TO CONTACT YOU Morning Afternoon Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.	Address:					
Phone: Email: ELIGIBILITY CONFIRMATION Please check the box to confirm:	City:					
ELIGIBILITY CONFIRMATION Please check the box to confirm: I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST Job Readiness Training Skills Development Workshops Resume/Interview Support Job Placement Assistance Other: BEST TIME TO CONTACT YOU Morning Afternoon Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.	State:			ZIP:		
ELIGIBILITY CONFIRMATION Please check the box to confirm: I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST	Phone:		I			
Please check the box to confirm: I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST Job Readiness Training Resume/Interview Support Other: BEST TIME TO CONTACT YOU Morning Afternoon Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.	Email:					
I confirm that I am currently receiving rental assistance from the Housing Authority of the County of Santa Cruz and/or New Horizons Affordable Housing and Development. PROGRAM INTEREST Job Readiness Training	ELIGIBILITY CO	NFIRMATION				
□ Job Readiness Training □ Skills Development Workshops □ Resume/Interview Support □ Job Placement Assistance □ Other: □ BEST TIME TO CONTACT YOU □ Morning □ Afternoon □ Evening Preferred Time: □ CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.	the Cou	nty of Santa Cruz and/or Ne	_		_	
□ Resume/Interview Support □ Job Placement Assistance □ Other: BEST TIME TO CONTACT YOU □ Morning □ Afternoon □ Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.			☐ Skills Development Workshops			
BEST TIME TO CONTACT YOU Morning Afternoon Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.		_	_	☐ Job Placement Assistance		
☐ Morning ☐ Afternoon ☐ Evening Preferred Time: CONSENT & SIGNATURE By signing below, I authorize the Housing Authority to share my contact information for the purpose of enrollment. I understand that an AEG representative will contact me to discuss next steps.	☐ Other:					
Signature: Date:	☐ Morning ☐ A CONSENT & SIG By signing below,	Afternoon Evening Property States Evenin	hority to share my contact	informatio	on for the purpose of	
	Signature:		Date:			