



Date _____
(Office use only)

FAMILY SELF-SUFFICIENCY PROGRAM PRE-ENROLLMENT APPLICATION

Name of Applicant

Home Phone

Street Address

Work Phone

City, State, Zip Code

Marital Status of Head

1. Please list all family members who live in your household, including yourself as the head of the household. Indicate the relationship of each member to the head of household.

Family Member	Name of Family Member	Relationship to Head	Date of Birth	Gender (M or F)	Ethnic Group*
Head		Self			
2					
3					
4					
5					
6					
7					
8					

*Ethnic groups include Caucasian, African American, Hispanic, American Indian, Alaskan Native, Asian/Pacific Islander. This information is optional and only used for statistical purposes.

2. Are you currently employed? ____ Yes ____ No Date of hire: _____

If yes, list current employer and job duties: _____

Rate of Pay: \$_____ per _____ (hour, week, month)

Previous Employer or work experience: _____

If unemployed, what is your source(s) of income? _____

Amount of income received: \$_____ per _____ (week, month, year)



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3. Are any other household members employed? ☐ Yes ☐ No
4. Do you have a high school diploma or GED? ☐ Yes ☐ No
5. Do you have additional education above HS/GED? ☐ Yes ☐ No

If yes, please indicate course of study: _____

6. Please check any item that you would consider to be a current need: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> A better Job | <input type="checkbox"/> Better transportation |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Money to make ends meet | <input type="checkbox"/> Assistance with Parenting |
| <input type="checkbox"/> Education | <input type="checkbox"/> Counseling (personal) |
| <input type="checkbox"/> Assistance with Food | <input type="checkbox"/> Budget Counseling |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Other: _____ |

7. Please indicate the services that you are currently receiving or have received in the last 6 months:

- | | |
|---|--|
| <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Community Action Agency |
| <input type="checkbox"/> Job Training Program | <input type="checkbox"/> County Welfare Department |
| <input type="checkbox"/> Mental Health Center | <input type="checkbox"/> Addiction Program |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Vocational/Tech School |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: _____ | |

8. Are you now working with a case manager who helps you and your family with the services you need? ☐ Yes ☐ No

If so, please indicate the person's name: _____

Agency: _____

Phone: _____



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9. Do you currently have an employment plan with another agency? ____ Yes ____ No

If so, please indicate the person's name: _____

Agency: _____

Phone: _____

10. Please indicate what your career goals for the future are: _____

(Please attach a separate page if more space is needed)

11. What things would you most like to accomplish within the next five years?

CERTIFICATION

I hereby certify and affirm under penalties of perjury that the above statements are true and correct to the best of knowledge. I understand that the Housing and Redevelopment Authority will verify the statements made herein, if necessary, and I have no objections to inquiries being made.

I also hereby authorize the release of any information to the Housing and Redevelopment Authority and any other agencies involved in the Family Self-Sufficiency Program, with the understanding that any information that is shared will be held in confidence between these agencies. I also allow this authorization to remain in effect for the duration of my participation in the Family Self-Sufficiency Program, or until such time that I revoke the release in writing.

Signature of Applicant

Date

WARNING!! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction. Such willful false statements will be punishable by the fullest extent of the law.