

# Family Self-Sufficiency (FSS) Program Application for Enrollment

Athens Metropolitan Housing Authority    Date: \_\_\_\_\_

## A. DEMOGRAPHIC INFORMATION

1. Applicant's Legal Name (Last, First, MI)		Home Phone Number
2. Address (Street, City, State, Zip Code)  Mailing Address (if different)		Work Phone Number
3. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	4. Race - (Use Race Listed Below) <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	Emergency Phone Number & Name  _____  _____

## B. EDUCATION

5. Highest School Grade Completed: (circle one)  1 2 3 4 5 6 7 8 9 10 11 12 GED  College: 1 2 3 4 5 6	6. Presently Enrolled in: <input type="checkbox"/> High School GED <input type="checkbox"/> College Course(s) <input type="checkbox"/> Vocational School <input type="checkbox"/> Apprentices Program (describe): _____ <input type="checkbox"/> Other Training Program (describe): _____
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7. Have you ever been enrolled in a training or vocational course?  
 Yes (If YES, list courses below indicating whether they were paid for from public or private sources, or both)  
 No (If NO, go to item #9)  
 If you did not complete the training or vocational course, explain why not:  
 \_\_\_\_\_  
 \_\_\_\_\_

List Training or Course and Where Attended	Source of Funds		Number of Months Attended	Number of Years Attended	Course Completed	
	Public	Private			No	Yes (date)
(1)						
(2)						
(3)						
(4)						
(5)						

### C. PUBLIC SERVICES BEING RECEIVED

8. What sources are currently being provided by any agency to you or your family (like Rental Assistance, OWF, Food Stamps, medical, daycare, counseling, WIC, etc)				
AGENCY	AGENCY ADDRESS	Phone Number	Service Received	How Long Received
(1)				
(2)				
(3)				
(4)				
(5)				

### D. YOUR EMPLOYMENT HISTORY

9. List your current job (if not working currently, write the word "none")	
Salary \$ _____ Per Hour \$ _____ Per Week	Employer Name & Address:
Hours: Part Time _____ Per Week Full Time _____ Per Week	Type of Work Performed:
	How long employed in this position? _____ Years _____ Months

10. List your previous job (if none, write the word "none")	
Salary \$ _____ Per Hour \$ _____ Per Week	Employer Name & Address:
Hours: Part Time _____ Per Week Full Time _____ Per Week	Type of Work Performed:
	How long employed in this position? _____ Years _____ Months

List your job before that one (if none, write the word "none")	
Salary \$ _____ Per Hour \$ _____ Per Week	Employer Name & Address:
Hours: Part Time _____ Per Week Full Time _____ Per Week	Type of Work Performed:
	How long employed in this position? _____ Years _____ Months

List your job before that one (if none, write the word "none")	
Salary \$ _____ Per Hour \$ _____ Per Week	Employer Name & Address:
Hours: Part Time _____ Per Week Full Time _____ Per Week	Type of Work Performed:
	How long employed in this position? _____ Years _____ Months

11. Are there any reasons that would prevent you from starting training or going to work? (If yes, explain)
NO ___ YES ___ Explain: _____

## E. HOUSEHOLD INFORMATION

12. List all those that are living in your household (list yourself first)		
NAME (last, first, middle initial: Doe, John B.)	RELATIONSHIP	DATE OF BIRTH
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

13. Do you receive Food Stamp benefits? NO \_\_\_ YES \_\_\_

14. Do you receive Medical Assistance? NO \_\_\_ YES \_\_\_

15. Other than you, are there any other adult family members (over 18 years of age) who will want to participate in the Family Self-Sufficiency (FSS) Program? NO \_\_\_ YES \_\_\_ Who: \_\_\_\_\_

## F. CHILD CARE INFORMATION

16. Do you pay for Child Care expenses? NO ___ (go to Item 18) YES ___ (complete the information below)				
CHILD'S NAME (last, first, middle initial: Doe, John B.)	AGE	TYPE OF CHILD CARE Inside or Outside of Home	Hours Per Week	Cost Per Week
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

17. List the names of children who would need child care services if you went to training, school or to work:

CHILD'S NAME (last, first, middle initial: Doe, John B.)	
(1)	(4)
(2)	(5)
(3)	(6)

## G. SUPPORT SERVICES NEEDED

18. If you become a participant in the FSS Program, what support services would you need? (check mark as needed)

<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Job Search	<input type="checkbox"/> Budgeting Guidance
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Job Placement	<input type="checkbox"/> Nutritional Guidance
<input type="checkbox"/> Medical Care Assistance	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Drug/Alcohol Rehab
<input type="checkbox"/> Education/GED Assistance	<input type="checkbox"/> Homeownership Counseling	<input type="checkbox"/> Credit Counseling
<input type="checkbox"/> Job Training	<input type="checkbox"/> Reading Skills Improved	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Job Preparedness	<input type="checkbox"/> Math Skills Improved	<input type="checkbox"/> Other: _____

19. What kind of job would you like to have? (give a brief description)

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20. Do you require any special accommodations for handicap accessibility? NO \_\_\_ YES \_\_\_ If YES, explain what accommodations you'll need:

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21. Do you need TDD/TDY assistance? (TDD/TDY = telecommunications device for the deaf): NO \_\_\_ YES \_\_\_

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## H. SIGNATURE OF APPLICANT

I hereby certify and affirm under penalties of perjury that all of the above statements are true and correct. I understand that the Housing Authority of Athens County will verify the statements herein, and I have no objections to inquiries being made.

**NOTE: 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 United States as to any matter within its' jurisdiction.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date