

## Abilene Housing Authority Family Self-Sufficiency Program Application

Name:			
(Last) (First)	(Middle)		
Social Security Number:	///		
Address:			
(Street)	(City) (State) (Zip Code)		
Home Phone or Cell Phone:       Work Phone:			
Statistical Purposes Only and to Complete Required Information for Reporting to HUD	Statistical Purposes Only and to Complete Required Information for Reporting to HUD		
Marital Status:	Race:		
Married Single Separated Divorced Widowed	<ul> <li>White/Caucasian</li> <li>African-American/Black</li> <li>Hispanic</li> <li>Bi-racial</li> <li>American Indian</li> <li>Asian</li> <li>Other</li> </ul>		

#### Education

(Circle One)      High School/GED         1 2 3 4 5 6 7 8 9 10 11 12 GED      College Courses        Vocational School	Highest School Grade Completed:	Presently Enrolled In:
College: 1 2 3 4 5 6      Apprentice Program         Other Training Program	1 2 3 4 5 6 7 8 9 10 11 12 GED	College Courses Vocational School Apprentice Program

### **Education (cont.)**

Have you ever been enrolled in a training or vocational course?
Yes (If Yes, list courses below indicating whether they were paid from public or private sources or both.)
Date Completed://
No
If you did not complete the course, please explain:

## **Special Services**

What sources are currently being provided by any agency to you and/or other members of your household? (i.e. daycare, transportation, counseling, etc.)

Agency	Agency Address	Telephone Number	Service Being Provided	Length of Time Service has been Received

Are there any reasons that would prevent you from starting training or work now? Yes\_\_\_\_\_ No\_\_\_\_\_

# Household Composition and Income

If you are currently employed, list your current job/occupation. If you do not have a job currently, write "None."

Salary \$ per week	Employer:
Salary \$ per month	Occupation:
Hours per week:	Hire date of current position:
(Circle One) Part time	//
Full time	
List Previous Three Jobs Held	If you have never been employed, write "None"
Salary \$ per week	Employer:
Salary \$ per month	Occupation:
Hours per week:	Hire date of current position:
(Circle One) Part time	//
Full time	
Salary \$ per week	Employer:
Salary \$ per month	Occupation:
Hours per week:	Hire date of current position:
(Circle One) Part time	//
Full time	
Salary \$ per week	Employer:
Salary \$ per month	Occupation:
Hours per week:	Hire date of current position:
(Circle One) Part time	//
Full time	

### List people living in your household

Name	Relationship	Date of Birth

Do you receive food stamp benefits?: \_\_\_\_\_Yes \_\_\_\_\_No

Do you receive medical assistance?: \_\_\_\_\_ Yes \_\_\_\_\_ No

# Childcare

Do you pay childcare expenses?

\_\_\_\_\_Yes (If Yes, complete the information below) \_\_\_\_\_No (If No, go to next section of application)

Child's Name	Age	Hours per week	Out of Pocket Cost per week

### **Support Services Needs**

If you are selected to participate in this program, what support services would you need? (Check all that apply)

<ul> <li>Child Care</li> <li>Education/GED</li> <li>Job Placement</li> <li>Budgeting</li> <li>Drug/Alcohol Rehab</li> <li>Other</li> </ul>	<ul> <li>Transportation Assistance</li> <li>Job Training</li> <li>Career Counseling</li> <li>Reading Skills</li> <li>Nutrition</li> </ul>	<ul> <li>Medical Assistance</li> <li>Job Search</li> <li>Other Counseling</li> <li>Math Skills</li> <li>Job Preparedness</li> </ul>
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What kind of job would you like to have? (Please explain)

Do you require any accommodations for handicap accessibility?

\_\_\_\_Yes \_\_\_\_No

If yes, please explain:

### Signature

(Please read and sign below)

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

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.

Signature of Applicant

Date

Phone: 325-676-6385