

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

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)

<input type="checkbox"/> Child Care <input type="checkbox"/> Education/GED <input type="checkbox"/> Job Placement <input type="checkbox"/> Budgeting <input type="checkbox"/> Drug/Alcohol Rehab <input type="checkbox"/> Other	<input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Job Training <input type="checkbox"/> Career Counseling <input type="checkbox"/> Reading Skills <input type="checkbox"/> Nutrition	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Job Search <input type="checkbox"/> Other Counseling <input type="checkbox"/> Math Skills <input type="checkbox"/> Job Preparedness
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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