

Family Self-Sufficiency Application

Housing Authority of the County of Clallam

DEMOGRAPHIC INFORMATION (Please Print)

Applicant's Legal Name (Last, First, M)	SS#
Address: (Street, City, State, Zip)	Home Phone # Work Phone #
Mailing Address (If different)	Message #
Emergency Contact; (Name, Address)	Phone #

EDUCATION

Highest School Grade Completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4	Presently enrolled in <input type="checkbox"/> High School GED <input type="checkbox"/> College courses <input type="checkbox"/> Vocational School <input type="checkbox"/> Apprentice Program (Describe) <hr/> <input type="checkbox"/> Other Training Program(s) (Describe) <hr/>
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Have you ever been enrolled in a training or vocational course? ___ Yes ___ No
 If yes, list courses below indicating whether they were paid for from a public or private source, or both.
 Did you complete the courses? ___ Yes ___ No
 If no, please give a brief explanation as to why you did not complete the courses.

List Courses and Sponsoring Agency (if known)	Source of Funds		Number of Months in course	Attended From: To:	Course Completed	
	Public	Private			Yes (date)	No

IF YOU ARE EMPLOYED, LIST CURRENT JOB FIRST.

Salary \$ _____ per week Salary \$ _____ per hour Hire date _____	Employer _____ Occupation _____
Hours: Part-Time _____ Full-Time _____	How Long Employed in this position? Years _____ Months _____

The Housing Authority of the County of Clallam does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to its programs. If you need to request a reasonable accommodation, contact the HACC at (360) 452-7631

Salary \$ _____ per week Salary \$ _____ per hour Hire date _____	Employer _____ Occupation _____	
Hours: Part-Time _____ Full-Time _____	How Long Employed in this position? Years _____ Months _____	
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Hours: Part-Time _____ Full-Time _____	How Long Employed in this position? Years _____ Months _____	
Are there any reasons that would prevent you from starting training or work now? ___ Yes ___ No		
List all people living in your household.		
Names (first, last)	Relationship	Date of Birth
Do you receive: Food Stamps: ___ Yes ___ No Medical Assistance: ___ Yes ___ No		
Do you or any member of your family receive: (circle one) TANF (AFDC), GAU, L&I, SSI, Other (State or Federal) (If other, what?)		
Are there any adult family members (over 18 years of age) who will want to participate in the Family Self Sufficiency Program? ___ Yes ___ No.		
If you were selected to participate in this program, what support services would you need?		
___ Budgeting, Debt Mngmnt ___ Career Counseling ___ Child Care ___ Child Support Issues ___ Clothing/ Work Wardrobe ___ Counseling (other-Specify type) ___ Drug/Alcohol Counseling/ Rehab ___ Job Training	___ Education ___ Computer Skills ___ GED ___ Math Skills ___ Reading Skills ___ Food Assistance ___ Job Search ___ Market info ___ Motivation ___ Referrals ___ Resume	___ Legal ___ Medical ___ Nutrition ___ Parenting Education/ Support ___ Public Assistance/ Work 1 st. ___ Self Esteem Strengthening ___ Stress Management
Please list other needs you or your family have: _____		

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Are you currently receiving services from any agency? ___ Yes ___ No
If yes, what agency? _____ Case Manager's Name _____
What are two or three biggest problems that YOU are facing now? (Use reverse side if needed) _____

What are the two or three biggest problems currently faced by YOUR FAMILY? _____

What is an employment goal that you would like to work toward? _____

What does the word "Self-Sufficiency mean to you? _____

Do you require any accommodations for handicap accessibility? ___ Yes ___ No
If yes, what kind of accommodations do you need? _____

Do you need TDD/TDY access to our staff? ___ Yes ___ No

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 housing Authority of the County of Clallam 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 misrepresentation to any department or agency of the U.S. as to any matter within it's jurisdiction.

Signature Date

The completion of the following information is optional-you are not required to provide it.

Race: (Use race listed below)
___ White, Caucasian ___ Black ___ American Indian ___ Hispanic ___ Asian ___ Other
Birth Date: _____

For FSS Staff Use only
Date and time Application Received _____
Date and time Application Reviewed _____
Select for FSS ___ Yes ___ No
Comments: _____

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