

WICHITA FALLS HOUSING AUTHORITY

FAMILY SELF SUFFICIENCY APPLICATION

The Family Self-Sufficiency (FSS) program promotes economic independence and self-sufficiency. When a family enrolls in FSS, they must sign a 5 year contract of participation to outline a series of steps that will help the family become more self-sufficient. The final goals are to be employed and to be off of all ongoing cash aid programs for at least 1 full year before the contract ends. As a participating family increases their earnings and pays more of the rent, the Housing Authority may deposit the savings into an escrow account for the family. After 5 years, the family may be eligible to receive the money that has accumulated in the escrow account.

Name of Head of Household (*please print*): _____

Address: _____

Social Security Number (SSN): _____ - _____ - _____ Daytime Phone Number: (____) _____ - _____

Email Address: _____

Who's in the household?

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment/Income

Are you currently employed? (*check one*) NO PART TIME (34 hours or less) FULL TIME (35+ hours/wk)

What is your job title? _____ Start date? _____

What is your work schedule? _____

Do you have any health benefits from your job? HEALTH RETIREMENT NONE OTHER _____

How do you feel you can excel in your job or current field?

If you are not employed, what do you see as your major difficulty in finding employment?

Are you currently receiving welfare benefits? _____

Education/Training

How many years of school have you completed? Includes college _____

Have you received your High School Diploma or GED?: (*check one*) DIPLOMA GED NEITHER

If neither, would you be interested in obtaining one? (*check one*) YES NO

Do you have any college degrees? _____ If yes, what degree(s)? _____

Are you currently attending school or job training? _____ When will you finish? _____

If yes, what is the name of the school or training program and city where is it located?

If no, do you have any plans to attend school or job training? _____ What would your goals be? _____

Transportation

Do you have your own transportation? YES NO Car Insurance? YES NO

Is public transportation conveniently located? YES NO Do you use public transportation? YES NO

If no, are you interested in receiving referrals? YES NO

Childcare

If employment is found, do you have adequate childcare? (*check one*) YES NO NOT APPLICABLE

If yes, who will provide that childcare? _____

If no, are you interested in receiving referrals? (*check one*) YES NO

If no, what have been some of the difficulties you have had in finding childcare? _____

Computer

Do you have a working computer at home? (*check one*) YES NO

Internet Connection? (*check one*) DSL/CABLE DIALUP NONE

Do you have regular access to a computer outside of your home? _____

Self-Sufficiency Goals

What are your goals for the next 5 years?

To be off of welfare programs

To be employed full time as a _____

To have a _____ degree in _____

To own my own home

Other _____

How are you going to meet your goals?

Start training or education What will you study? _____

Finish training or education What are you studying? _____

Job search/Visit a career counselor

Improve language skills: ENGLISH SPANISH OTHER _____

Attend Workshops/Trainings: HOMEBUYING CREDIT REPAIR OTHER _____

Other _____

FSS APPLICANT

DATE