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**IF YOU ARE INTERESTED IN THE FAMILY SELF SUFFICIENCY PROGRAM:
Please fill out this application and return it to the Appleton Housing Authority.**

**Family Self Sufficiency Program
APPLICATION**

***** WE ONLY ACCEPT APPLICATIONS FROM CURRENT HOUSING CHOICE VOUCHER
(SECTION 8) RENTAL ASSISTANCE PROGRAM PARTICIPANTS. THANK YOU! *****

Name of Head of Household (last, first, middle initial)	Social Security Number
Street Address	Home Phone Number
City, State, Zip Code	Work Phone Number

Head of Household Information

1. What was the first language you learned to speak? _____

What other languages do you speak? _____

2. Are you employed? Yes ___ No ___ If yes, complete the following:

Name of Employer: _____

Job title: _____ Pay: \$ _____ per _____

When did you start this job? _____

Mark the benefits you receive from your employer:

Health Benefits ___ Retirement Benefits ___ Other benefits (explain): _____

3. What other types of jobs have you had in the past 6 years? _____

4. What is the highest grade you completed in school? *Circle one*

School 1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

5. Do you receive any of the following types of income? W-2 (TANF) ___ Disability ___

Medicaid/Children's Health Insurance ____ Earned Income Tax Credit ____

Food Stamps ____ Unemployment ____ Child support/alimony ____ Other ____

6. Have you been through Food Share Employment Training (FSET), Wisconsin Works (w-2), or any other employment program? Yes ___ No ___ If yes, which program were you in? _____

Are you still in the program? Yes ___ No ___ If yes, when will you graduate? _____

Financial Information

1. Do you have a checking account? Yes ____ No ____

2. Do you have a savings account? Yes ____ No ____

3. Do you have trouble paying your bills on time? Yes ____ No ____

Other Household Members Information

Name (last, first, middle initial)	Relationship to Head of Household	Date of Birth	In Childcare?		Is He/She Employed		Has High School Diploma or GED?	
			Yes	No	Yes	No	Yes	No
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Other Needs

1. Do you have adequate childcare that will allow you to go to work? Yes ____ No ____

If Not, why not? _____

2. What kind of transportation to you use? Own car ____ Rides from friends ____

Bus ____ Other (please explain) _____

3. Do you have a driver's license? Yes ____ No ____

4. Do you and your family have affordable healthcare? Yes ____ No ____

5. Is there any other issue that might keep you from getting or keeping suitable employment?

Goals for the Future

1. What kind of work would you like to do? _____

Are you willing to get training or go back to school? Yes ____ No ____

2. Are you interested in owning your own home? _____

How do you rate your credit? Excellent ____ Good ____ Fair ____ Bad ____

3. Do you have any other goals you would like to accomplish? _____

4. What areas do you need to improvement? Education ____ Job training ____ Job search ____

Locating transportation ____ Finding healthcare ____ Drug treatment/Rehab ____

Mentoring ____ Saving money ____ Finding childcare ____ Affording childcare ____

Budgeting ____ Improving credit rating ____ Parenting ____ Finding housing ____

5. What do you think the Family Self Sufficiency (FSS) program will do for you?

6. List your three most important goals to attain Financial Self Sufficiency?

a. _____

b. _____

c. _____

7. Do you work with a case manager or someone who helps you find the services you need?

Yes ____ No ____ If yes, please list the person's name: _____

What agency does she/he work for? _____

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 Appleton Housing Authority may verify the statements herein, and I have no objections to such inquiries.

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 Head of Household

Date

Family Self-Sufficiency Application Essay:

A typed or written essay must be submitted with your application. Please include information about yourself, your inspiration/motivation to continue your education, your employment goals, future goals, and why you have chosen to apply for the FSS program.