FAMILY SELF-SUFFICIENY (FSS) APPLICATION

Please Print

First Name:_____ Middle Initial_____ Last Name:_____
Address:_____ City_____ State_____ Zip Code_____
Email:_____ Phone:_____
Date of Birth:_____ Social Security Number:_____

Please list all family members who live in your housing unit, including the head of household. Give the relationship of each family member to the head of household.

Name of Family Member	Relationship to Head of Household	Age	Sex	Work/School (Yes or No)	Ethnic*
	HEAD OF HOUSEHOLD				

*Ethnic groups include: White, African-American, Hispanic, American Indian, Alaskan Native, and Asian/Pacific Islander

1. Are you (head of household) employed? Yes ☐ No ☐
   If yes, list your job and rate of pay: JOB:_____
   RATE OF PAY: $_____ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐
   If unemployed, what type of income do you receive?_____
   How Much? $_____ How often? Weekly ☐ Bi-Weekly ☐ Monthly Estimated Date of Employment_____?

2. Are any other family members employed? Yes ☐ No ☐
   If yes, please fill out the following information:

Family Member	Job	Rate of Pay Per Hour/Weekly/Bi-weekly/Monthly)	
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____
		$	Per_____

3. Please check any items below that you consider a current need. *(Please check all that apply)*

— Need better job
— Need someone to take care of children (Child Care)
— Need more money to pay bills each month
— Want to finish school
— Need food assistance
— Job Training
— Need better transportation
— Need to see a doctor for health problems
— Need help being a better parent
— Counseling
— Need help managing money

Please list other needs for services, or goals you or your family have:

_____
_____
_____
_____
_____

4. Please check the different agencies you have visited or received services from in the last six months.

— Health Department, doctor, or clinic
— Job training program
— Mental health center
— Food pantry
— Head Start for child(ren)
— Community college
— Shelters
— Other (Please list below)
_____

— Community action agency or community services
— Welfare Department
— Alcohol or drug program
— Free meals program
— Children's services program
— Vocational/ Tech school
— None of the above

5. Do you speak English? Yes ☐ No ☐
If no, what language(s) do you speak? _____

6. Do other family members speak English? Yes ☐ No ☐
If no, what language(s) do they speak? _____

7. Do you have a high school diploma or GED? Yes ☐ No ☐
If yes, what year? _____

8. If you were to get a job or change your job, would you need help finding someone to watch your children (Child Care)? Yes ☐ No ☐

9. Do you now work with one person or case manager who helps you and your family find services you need? Yes ☐ No ☐
If yes, please list the person's name:_____
What Agency does this person work for? _____

10. Are you currently receiving case management services from any agency?
Yes ☐ No ☐
If yes, what agency?_____

11. List the thing that prevent you from obtaining employment right now.

12. What are the two or three biggest problems currently facing your family?

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Anniston 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.

Applicant Signature

Date