

# HOUSING AUTHORITY OF THE CITY OF CAMDEN

## Family Self-Sufficiency Application

### Personal and demographic information

Applicant's legal name: Social Security Number: Date of Birth:	Home phone number: ( )
Address:  Zip Code:	Work phone number: ( )
Statistical Purposes Only and to Complete Required Information for Reporting to HUD  Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Statistical Purposes Only and to Complete Required Information for Reporting to HUD  Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Bi-racial <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other

### 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 5 6	Presently enrolled in: <input type="checkbox"/> High School/GED <input type="checkbox"/> College courses <input type="checkbox"/> Vocational school <input type="checkbox"/> Apprentice program <input type="checkbox"/> Other training program (Describe)
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**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 when completed:

       No

If you did not complete the course, please explain:

List school(s) and who paid for them	Was payment public or private?	Number of months in course	Years attended	Completed (Yes or No)
1.				
2.				
3.				
4.				
5.				

**Special Services:**

What sources are currently being provided by any agency (i.e. daycare, transportation, and counseling) to you and/or members of your household? (Use additional sheets if necessary)

Agency	Agency Address	Telephone Number	Service Provided	Length

## Household composition and income

If you are currently employed, list current job/occupation. If you do not have a job or occupation currently, write "None".

Salary \$ _____ per week Salary \$ _____ per hour	Employer:  Occupation:
Hours: Part time  Full Time	Hire date of current position:  (month/date/year)  ____/____/____
List previous three jobs held	(if you have never been employed, write "NONE.")
Salary \$ _____ per week Salary \$ _____ per hour	Employer:  Occupation:
Hours: Part time  Full Time	How long employed in this position:  Years _____ Months _____
Salary \$ _____ per week Salary \$ _____ per hour	Employer:  Occupation:
Hours: Part time  Full Time	How long employed in this position:  Years _____ Months _____
Salary \$ _____ per week Salary \$ _____ per hour	Employer:  Occupation:
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 people living in your household

Name (First, Last)	Relationship	Date of Birth (mm/dd/yy)

Do you receive food stamp benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Do you receive medical assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Are there any adult (over 18 years of age) family members who will want to participate in the Family Self-Sufficiency Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Childcare

Do you pay childcare expenses?

Yes (If yes, complete information below)

No (If no, go to support services needs section)

Child's Name	Age	In home? (Yes/No)	Outside the home? (Yes/No)	Hours per week	Out of pocket cost per week

List the names of children for whom you would need childcare services if you took training courses or assume a full time job.

Child's Name:

## Support services needs

If you were selected to participate in this program, what support services would you need?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child care           | <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Medical assistance |
| <input type="checkbox"/> Education / GED      | <input type="checkbox"/> Job training              | <input type="checkbox"/> Job search         |
| <input type="checkbox"/> Job placement        | <input type="checkbox"/> Career counseling         | <input type="checkbox"/> Other counseling   |
| <input type="checkbox"/> Budgeting            | <input type="checkbox"/> Reading skills            | <input type="checkbox"/> Math skills        |
| <input type="checkbox"/> Drug / alcohol rehab | <input type="checkbox"/> Nutrition                 | <input type="checkbox"/> Job preparedness   |
| <input type="checkbox"/> Other                |  |   |

What kind of job would you like to have?

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Do you require any accommodations for handicap accessibility?

Yes       No

If yes, what accommodations do you need:

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 Sample Housing Authority will verify the statements herein, and I have no objections to inquiries 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