



FORT PIERCE HOUSING AUTHORITY

Family Self-Sufficiency Program

Application Form

For FPFA Use Only
Date Received (Stamp Here)

Date: _____

Housing Program: Public Housing / Section 8
Circle Program Type

Client ID: _____

Applicant Name: _____

Contact Number: (____) _____
Circle Contact Type: Home / Cell

Address: _____ FLORIDA
Street Address City State Zip Code

1. Please list all members of your household, including yourself.

Family Member	Name of Family Member	Relationship to Head of Household	Age	Sex (Male or Female)	Ethnicity* (Race or Origin)
Head of Household					
Spouse (If in household)					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

2. Are you (Head of Household) employed? Yes No Are other family members employed? Yes No

Family Member Name	Company Name	Position Title	Rate of Pay	Indicate per hour/week
Head of Household			\$	Per _____
Spouse			\$	Per _____
			\$	Per _____
			\$	Per _____

If unemployed, type of income? Unemployment SSI Child Support TANF Other

Please explain other income: _____

3. Other than housing assistance, Does your family curently receive any other assistance?
Food Stamps **Medicaid** **Other** _____
Child Care Services **If so, How many?** _____

4. Where was your last job? _____ Last day / year of employment? _____

5. Do you have a high school diploma or GED? Yes No What year did you graduate? _____

6. Please check any items below that you consider a current need (*Check all that apply*)
_____ *Education (High School, GED, ESL)*
_____ *Continued Education (Vocation Training, Certification Program, College AA, AS, BA, BS)*
_____ *Job Training*
_____ *Employment*
_____ *Child Care*
_____ *Transportation*
_____ *Counseling*
_____ *Money Management*
_____ *Home Ownership*
Please list other service not listed above: _____

7. *What are the two biggest problems that YOU are facing right now?* _____

8. *What are your expecations for your participation in the Family Self-Sufficiency Program?* _____

Client Signature

Date