

**Family Self-Sufficiency Program Application
Lowell Housing Authority**

Name: _____ Address: _____
 Tenant Number: _____
 Email: _____ Phone: _____ Cell: _____
 Work phone: _____

Have you been a participant in the Family Self Sufficiency Program before? Yes _____ No _____
 If yes, did you graduate from the program? Yes _____ No _____
 Did you receive an escrow checks? Yes _____ No _____

Personal Data

Please provide information for all members of the household.

Name	Relationship	Birth Date	Years of School Completed & Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Household Members: _____

1. What is the primary language spoken in your home? _____

If not English, please answer the following questions:

2. Do you feel you have sufficient English reading and writing skills to function in an employment situation?
 Yes _____ No _____

3. If your primary language is not English, do you need assistant with translations?
Speaking: Yes _____ No _____ **Reading:** Yes _____ No _____

4. Have you taken or are you currently taking ESL classes? Yes _____ No _____

5. If no, would you consider enrolling in ESL classes? Yes _____ No _____

Sources of Income

Source	Amount	Per	Time Period		Family Member	Hourly Wage	Hours Per Week		Name and Address of Employer

Total Monthly Income: _____

Total Yearly Income: _____

Sources of income may include employment, self-employment, unemployment, TAFDC, SS, SSI, pension, child support, alimony

If you receive TAFDC, please answer the following questions:

How long have you been on TAFDC? _____ Are you exempt? Yes _____ No _____

Who is your caseworker? _____ Which DTA office? _____

Do you know when your 2 year time limit is up? Yes _____ No _____ Date case is due to be closed: _____

Do you receive food stamps; if yes, how much? _____

Child care (if applicable)

1. Do you have a need for childcare? Yes _____ No _____

2. Are your pre-school aged children currently enrolled in a child care facility? Yes _____ No _____

If yes, what is your total out of pocket cost for this service? _____

Do you have a child care voucher or have you had on in the past? Yes _____ No _____

3. Is your child care provider reliable? Yes _____ No _____ (If the answer is no, please explain.)

Employment

1. Are you currently employed? Yes _____ Full Time: _____ Part Time: _____ No _____

If unemployed:

2. How often do you look for work? _____

3. What jobs are you qualified for? _____

4. What positions have you held in the past? _____

5. How will you get the job/school training you want? _____

6. Do you attend classes of job search activities? Yes _____ No _____

If employed:

1. Will your job be continuing? Yes _____ No _____

2. How do you get along with your boss and co-workers? _____

3. How often do you miss work? _____ Why? _____

4. Are there changes you would make to your current employment situation? Yes _____ No _____
If yes, what would they be? _____

5. Does your employer offer any on the job training? Yes _____ No _____

6. What are your long term goals for employment? _____

Education and Training

1. Have you participated in any skills training? Yes _____ No _____

if yes, could you list what you would like to do? _____

2. Do you have your GED or High School Diploma? Yes _____ No _____
 If no, are you interested in getting your GED/equivalency? Yes _____ No _____
 If yes, where are you enrolled? _____ Expected completion? _____
3. If you had the option to attend college, what would you like to study? _____

4. Are you enrolled in college? Yes _____ No _____
- If yes, when do you expect to graduate? _____
 - How are you paying for college? _____
 - Where are you enrolled? _____
 - What is your course of study? _____
 - Do you have plans to transfer to another college? Yes _____ No _____
 - How are your grades? _____
5. What do you plan to do after leaving school? _____
6. Have you had any difficulties with attendance due to child care, transportation, illness, etc.? Yes _____ No _____
 If yes, please explain _____

7. Do you believe there are areas you need assistance with before you attend college? Yes _____ No _____
 List what they are: _____

Transportation

- Do you have a valid driver's license? Yes _____ No _____
- Do you have a vehicle that is registered and insured with valid license plates? Yes _____ No _____
- What type of transportation do you use? _____
- How accessible is your home to public transportation _____
- Do you receive any assistance regarding transportation? Yes _____ No _____
 If yes, what type _____
- Is transportation affordable? Yes _____ No _____

Finances and Budgeting

1. How are you doing with money and paying all your expenses? _____

2. Do you have enough money for necessities? Yes _____ No _____ any outstanding debt? Yes _____ No _____
If yes, what type of debt and amounts? _____
Do you have outstanding education debts? Yes _____ No _____

3. In addition to rental assistance, do you receive financial assistance from friends, family, the city or federal government? Yes _____ No _____ if yes, please specify _____

4. Does your budget allow money for entertainment, insurance, loans, recreation? Yes _____ No _____

5. Do you often run out of money? Yes _____ No _____ How do you handle this? _____

6. Are you required to file taxes? Yes _____ No _____

7. Do you know how much EITC you received? Yes _____ No _____ Amount _____

8. How did you file your taxes last year? _____

9. Do you have a checking or savings account? Yes _____ No _____

10. Are you currently enrolled in a 401K program and/or utilizing any other investment accounts? Yes _____ No _____

Housing and Community Support

1. Is your current housing situation adequately clean, rodent free and fireproof? Yes _____ No _____

2. Is your current housing situation safe for you and your children? Yes _____ No _____
if the answer is no, why not? _____

3. Do you need help with household repairs/chores? Yes _____ No _____
if yes, how? _____

4. Are the rent and utilities affordable? Yes _____ No _____ If no, why not? _____

5. Do you receive discount utilities or fuel assistance? Yes _____ No _____
if yes, what type? _____
6. Is there enough space for everyone who lives in the home? Yes _____ No _____
if no, explain _____
7. Do you need to move? Yes _____ No _____ Why? _____
8. What kinds of things would you like to change about your housing situation? _____
9. Have you ever taken a First Time Homebuyer class? Yes _____ No _____ if yes, where _____
10. Are you interested in purchasing your own home in the future? Yes _____ No _____
if no, why? _____
11. Do you see homeownership as a realistic goal for your family? Yes _____ No _____
12. Would you be interested in making this a goal if you enroll in the FSS program? Yes _____ No _____
13. What City/Community services are you familiar with? _____
14. What agencies have you worked with in the past? _____
15. For what purposes do you use these services? _____

Health and Well Being

1. Do you have health insurance? Yes _____ No _____
2. Do other members of your household have health insurance? Yes _____ No _____
if no, please list who is uninsured and their relationship to you: _____
3. Do you or does any member of your household have any health issue that would prevent you from seeking educational opportunities or full time employment? Yes _____ No _____

4. Have any family members sought some type of counseling? Yes _____ No _____
if yes, please describe _____

5. Are you or is any member of your household experiencing substance abuse? Yes _____ No _____
if yes, please describe _____

6. Do you or any member of your family have any legal issues which stop you from moving, getting a job, or
obtaining employment? Yes _____ No _____
if yes, please describe _____

7. Who do you go to for help when you are having problems? _____

8. How often do you meet with other people socially (events, family gatherings, special interest clubs, volunteering)?

9. Do you prefer to work alone or with a team? _____
10. Tell me about your support system. _____

11. Do you find those you talk with helpful? _____
12. Does it make you feel better? _____

13. How would you like things to be in your life currently (or in the future)? _____

14. What plans are you making to achieve these goals? _____

15. Do you feel that you can achieve your goals if you follow certain steps? Yes _____ No _____
if no, why not? _____

Specific Needs Assessment (to be completed by FSS Staff)

Child Care: _____

Transportation: _____

Employment: _____

Health/Mental Health: _____

Education: _____

Finance: _____

Other: _____

Additional agency information requested: see attached list of questions

EMPLOYMENT HISTORY (or attach resume)

Company Name:	Type of business:
Job Title:	Salary:
Responsibilities:	Years of employment:
Reason for leaving	

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ADDITIONAL NEEDS ASSESSMENT QUESTIONS

Are you on the state voucher child care wait list? Yes No If no, FSS Referred

Are you on the Headstart/Early Headstart wait list? Yes No If no, FSS Referred

FSS GOAL CHOICES

EDUCATIONAL GOALS:

ESL classes Yes

Get GED Yes

Associates Degree Yes

Bachelor's Degree Yes

Master's Degree Yes

JOB TRAINING GOALS:

Would you like to complete a skills assessment to assist you in choosing a career path? Yes No

What type of job training are you interested in? _____

Do you know where you can get this training in your area? Yes _____ No

FINANCIAL GOALS:

Have you ever taken a financial literacy class? Yes No

Would you be interested in making this a goal? Yes No

Would you like to make it a goal to improve your credit score? Yes No

HOME BUYING:

Would you like to make it a goal to complete a 1st Time Home Buyer's class? Yes No

TRANSPORTATION:

Would you like to make it a goal get a Driver's License? Yes

Would you like to make it a goal to purchase a car? Yes