



FAMILY SELF SUFFICIENCY APPLICATION

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 Albany, Georgia 31702
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AMP _____ SECTION 8 _____ DATE _____

DEMOGRAPHIC INFORMATION

NAME: _____

Last First Middle

ADDRESS: _____

Street City State Zip Code

How long have you lived at this address: _____ Previous Address: _____

Mailing address (if different) _____

Cell Phone: _____ Home Number: _____ Message Number: _____

E-mail address: _____

Birthday: _____ Social Security Number: _____ Age: _____ Marital Status: _____

Emergency Contact: _____

Name Address Cell/Telephone Number

HOUSEHOLD MEMBERS

Name	Age	Relationship

Do you have relatives living in Albany Housing Authority or Section 8 Housing? Yes or No If yes please list below

EMPLOYMENT HISTORY

Employed full-time, part-time, looking for work, waiting to start work, homemaker, job training etc.

Employer	Dates of Employment	Salary	per hr.	Full/pt.	Reason for Leaving
Employer: Job Title:					
Employer: Job Title:					
Employer: Job Title:					
Employer: Job Title:					

If you are not working how long you have been out of work? _____

How do you job search? _____ and how often do you search _____

Do you have a current resume? _____

Do you have computer skills? Yes or No, if yes what programs do you know how to use? _____

Do you have a computer or access to use one on a regular bases? Yes or No

Do you have Internet services? Yes or No

If, you are unemployed, Check Employment Needs that Apply:

____ Job Training ____ Job Search Skills ____ Resume Skills, ____ Job Search Assistance

____ Interviewing Skills ____ Job Placement Services ____ Training ____ Other _____

Do you want to return to school to improve your employment opportunities? __ Yes or __ No

What Is your career goal for employment:

What do you need to do to achieve this employment?

Do you have a supervisor who will give you a good recommendation? ___ Yes or ___ No: If not who can give you a good recommendation or speak on your character? _____

EDUCATION

Highest Grade Completed:

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

If you do not have your GED or High School diploma, or you willing to enroll in classes to get your GED or High School diploma. YES or NO

If no, what is the reason you do not want to get your GED, and if there are other reasons or barriers to prevent you from obtaining your GED please list them: _____

Are you attending any other accredited schools to get your GED or Diploma? If yes, where, and when are you expected to graduated. _____

VOCATIONAL SCHOOL

Where: _____

When: _____

Degree/Diploma/Certificate: _____

Major: _____

Expected date of graduation: _____

Are you on academic probation or financial probation Yes _____ or No _____

Where: _____

When: _____

Degree/Diploma/Certificate: _____

Major: _____

Expected date of graduation: _____

Are you on academic probation or financial probation Yes _____ or No _____

COLLEGE

Where: _____

When: _____

Diploma: _____ Major _____

Expected date of graduation: _____

Are you on academic probation or financial probation Yes _____ or No _____

Where: _____

When: _____

Diploma: _____ Major _____

Expected date of graduation: _____

Are you on academic probation or financial probation Yes _____ or No _____

Financial History and General information for Self-Sufficiency

Do you have a checking account? __ Yes or __ No Savings? ___ Yes or ___ No

If not why? _____
 Do you use a pre-paid visa/master card to pay your bills or shop? __ Yes or __ No

Do you know what your credit score is? Yes or No . If yes, when was the last time you pulled your report from all three bureaus?

Do you have any legal obligation, on probation or any other issues that will prevent you from gaining full/part-time employment? __ Yes or ___ No. If so, please explain to be referred for expungement or other legal services.

Do you have a driver licenses? Yes or No Do you have a valid ID? __ Yes or No

Do you have reliable transportation for work? ___ Yes or ___ No

Have you ever owned a home? ___ Yes or ___ No, if no would you like to work toward that goal? ___

Credit History

___ Bankruptcy ___ No Credit ___ Good Credit ___ Credit Card ___ Medical Bills ___

Non-payment or furniture, car etc. ___ Repossession

When was the last time you pulled your three (3) credit reports? _____

Describe your credit: ___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

What supportive services you would need to help you become self- sufficient?		
Childcare	Transportation	Education/GED
Job placement	Job Search	Job Training
Budgetary	Drug/Alcohol Rehab	Interviewing Skills
Resume or Resume update	Medical Assistance	Application for Employment Assistance
Computer Help	Internet Services	Clothing
Additional Support List		

Legal History

Are you currently involved or expect to be involved in any court or legal matter? _____

Do you have any type of criminal history: misdemeanors, felonies, warrants probation? _____

Can you obtain a background check a drug screen and pass? Yes ___ or ___ No, if no explain: _____

What will motivate you to go to school, get a job, and to full- fill your dreams?

What do you see yourself doing in the next two (2) to five (5) years?

What are your barriers that limit your ability to become self-sufficient?

What do you do when not working or in school? _____

Any Additional Comments:

CERTIFICATION

I HEREBY CERTIFY AND AFFIRM UNDER PENALTIES THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Release of Information

I hereby authorize the release of any information to the Albany Housing Authority and other agencies involved in the Family Self-Sufficiency Program. This authorization will remain in effect for the duration of my participation with the Family Self-Sufficiency or until I specifically revoke the release in writing.

The Program Agreement

- I understand that the purpose of the information I provided on the application for FSS was to identify the barriers and /or obstacles that have prevented me from attaining self-sufficiency.
- I understand that my FSS coordinator cannot promise or guarantee resources at any time. However, she will make every effort to secure resources, information, and agencies to provide and help me overcome the barriers and or obstacles identified herein, so that I can achieve my goals.
- I understand that I will be required to maintain contact with my GSS case Manager (Monthly, Quarterly or more as determined by self and FSS Case Manager; Contacts consists of in person, attendance at workshops, telephone, office visits, e-mails and other contact methods to ensure compliances of the FSS program. I further, understand that if I do not communicate with the FSS Case Manager she has the option to terminate me and if I have accrued any escrow account that it will be forfeited. If my time in the program expires, or if I do not attempt to complete my goals I also will forfeit my escrow money.

I have been provided FSS Case Manager Contact information; e-mail, telephone, and address and I can contact her by these methods at any time.

I hereby certify and affirm under penalties that the above statements are true and correct.	
Signature of Applicant	Date
Signature of FSS	Date

Self Sufficiency Index for Financial Independence

What is your family's total annual income? \$ _____ Monthly? _____

How much is earned through employment? Annual gross \$ _____ Monthly net \$ _____

How much of this income is unearned and from what sources? (See below)

Sources	Monthly Amount	Sources	Monthly Amount
Unemployment		SSDI for:	
Child Support/Alimony		WIC	
Food Stamps		Work-Study	
TANF		Work Stipend	
Social Security for:		Other	
SSI for:			

Did you receive the Earned Income Tax Credit (EITC) _____ Yes or No _____

Are you receiving Health Ins.?

Company _____ family _____ children _____ participant _____ Other Insurances _____

What do you pay for childcare? \$ _____ / week _____ / monthly _____

Monthly Budget

BILLS	Amount \$	Are you current?
Rent		
Electric		
Phone/Cell		
Cable		
Internet		
Credit Cards		
Car/other transportation		
Food		
Clothing		
Laundry		
Medications		
Tobacco/Alcohol		
Nails/Hair		
Entertainment		
Total	\$	

