

**APPLICATION FOR
THE FAMILY SELF-SUFFICIENCY PROGRAM
OF THE HOUSING AUTHORITY OF THE CITY OF SAN LUIS OBISPO**



Applicant's Legal Name (Last, First, MI)		Home Phone Number / Cell Phone Number	
_____ / _____			
Address:			
Street	City	State	Zip

E-Mail Address			

Mailing Address (if different than above)			
Address:			
Street	City	State	Zip

• Emergency Contact & Telephone No. _____			
• Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
• Spouse/Co-head Name: _____			
Does this person wish to participate in the Family Self-Sufficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- List all dependents and other adults living in your home: (First & last name)

Name	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Previous 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+** Degree/s: _____ Major/s: _____
- Are you presently enrolled in any classes or training programs? Yes No
 Name of School _____ Courses of study _____
- Are you currently enrolled in a work program? (CalWORKS, Shoreline/One-Stop, Dept. of Rehabilitation, etc.)
 Name of program: _____ Worker's name: _____
 Date you began: _____
- Have you ever been enrolled in a training program? Yes No
 List agency _____ Worker's name _____
 Dates of enrollment: from _____ to _____ Completed? Yes No
 Training and certificates received: _____

Other

- List agency _____ Worker's name _____
- Dates of enrollment: from _____ to _____ Completed? Yes No

II. Current Income & Employment History

Income

- What is your family's current income? (please list all sources)

Amount	(Hour, week, month)	Source
\$ _____	per _____	_____
\$ _____	per _____	_____
\$ _____	per _____	_____

Other: _____

- Do you receive welfare benefits? (Check those that apply)

<input type="checkbox"/> CalWORKS (TANF)	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> (Transitional Medi-Cal)
<input type="checkbox"/> General Relief	<input type="checkbox"/> SSI

Employment

- Are you currently working? Yes No

Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to **PRESENT**

Job title: _____ Duties: _____

- List previous jobs you have held (most recent first):

A) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

B) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

C) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

- List any volunteer work you have done _____

III. Support Service Needs

Childcare:

- Do you currently pay childcare expenses? Yes \$ _____ per week No
- Do you receive a subsidy to help you pay your child care expense? Yes No
What agency/source helps you? CAPSLO-CCRC CARE Program/EOPS
 Financial Aid for school Dept. of Rehab. Other _____
- List the names of your children *for whom you would need childcare services* if you went to school or to work:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Money management | <input type="checkbox"/> Credit repair |
| <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Career counseling | <input type="checkbox"/> Personal/family counseling |
| <input type="checkbox"/> GED/High School education | <input type="checkbox"/> Reading skills | <input type="checkbox"/> Home ownership |
| <input type="checkbox"/> Job training | <input type="checkbox"/> English skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Higher education | <input type="checkbox"/> Medical care | |
| <input type="checkbox"/> Job placement | <input type="checkbox"/> Drug/alcohol counseling | |

- What kind of a job would you like to have? _____
- Do you require any accommodations for handicap accessibility? Yes No
If yes, what accommodations do you need? _____
- Do you need TDD/TDY access to our staff? (For hearing impaired) Yes No
- Do you owe the Housing Authority of San Luis Obispo any money? Yes No
- Have you ever applied to the Family Self-Sufficiency Program? Yes No
If Yes, the approximate date that you applied: _____

CERTIFICATION AND RELEASE OF INFORMATION:

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Housing Authority of San Luis Obispo will verify the statements herein, and I have no objections to inquiries made.

Warning! Section 1001 of Title 18 of the U.S. Code make sit 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.

I hereby give my permission for the Housing Authority of San Luis Obispo to discuss and review my application with the Program Coordinating Committee and to release information they deem necessary prior to my admittance to the Family Self-Sufficiency Program.

Signature of Applicant: _____ Date _____