

Warren Metropolitan Housing Authority

FAMILY SELF-SUFFICIENCY PROGRAM
Application Form

Date _____ Social Security Number _____

Name _____
(Head of Household)

Address _____

Phone Number _____ Work _____ Cell _____

Please list all family members who will be living in your housing unit, including the head of household. Give the relationship of each family member to the head of household.

Name of Family Member	Relation to head	Date of Birth	Age	Sex	Ethnicity

Do you speak English? Yes No
If no, what language do you speak? _____

Do you have a high school diploma or GED? Yes No

Have you continued your education? Yes No
If yes, What program? _____

Are you (or Head of Household) employed? Yes No
Job _____
Employer _____
Pay Rate _____
Hrs/ Wk _____ How long have your been @ this job? _____

If unemployed, what type of income do you receive? _____

Are any other family members employed? Yes No
Who? _____ Pay Rate _____ Hrs/Wk _____

Is there anything that would prevent you from starting training or work at this time? Yes No
If so, what? _____

What kind of job would you like to have? _____

What kind of education would you like to receive? _____

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Please check the services you have received in the last 6 months.

- Medical
- Job training services
- Mental Health
- Vocational/Tech School
- Alcohol/Drug Program

- Food Stamps
- Shelter
- Community Services
- Job Search
- Child Care
- ADC

Other _____

Do you live in Public Housing or Section 8? PH S8

In what month do you recertify? Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Have you ever been in WMHA's Transitions Program? Yes No Graduate? Yes No

Other than housing, what needs do you currently have?

- Need a better job
- Child Care
- Need more money to pay bills
- Alcohol/drug counseling
- Food Assistance
- Job Training
- Transportation
- Medical Care

- Need help with parenting skills
- Counseling
- Budgetary
- Career Counseling
- Reading Skills
- Math Skills
- Job Search
- Education/GED

Please list other needs you or your family have: _____

What are the two or three biggest problems that YOU are facing now? _____

What are the two or three biggest problems faced by your FAMILY? _____

Any other comments or concerns? _____

Signature _____ Date _____