



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
www.chelmsfordha.com

Family Self-Sufficiency Program Application

Date: _____

First Name: _____ Last Name: _____

City: _____ State: _____ Zip _____

Email: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Race: White/ Caucasian _____ African-American/Black _____ Bi-Racial _____ American Indian _____
Asian _____ Hispanic _____ Other _____

Preferred Language: English _____ Spanish _____ Mandarin _____ Khemer _____ Other: _____

Education:

Highest Grade Level Completed (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 GED

College Education: _____ College/University/Program: _____

Currently Enrolled in(if applicable): GED _____ College Courses _____ Vocational School _____

Apprentice Program _____ Other training program (describe) _____

Have you ever been enrolled in a training or vocational course?

No _____

Yes _____ (If Yes, list courses below indication whether they were paid from public or private sources, or both)

If you **did not** complete the course, please explain:



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
www.chelmsfordha.com

Supportive Services

What sources are currently being provided by any agency (i.e daycare, transportation, & counseling), to you and/or member of your household?

Agency	Address	Phone Number	Services	Length

What may be some additional services that you believe you could benefit from?

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Education/GED | <input type="checkbox"/> Job Training | <input type="checkbox"/> Job Searching |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Other Counseling |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Math Skills |
| <input type="checkbox"/> Drug/Alcohol Rehab | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Job Preparedness |

Other:



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
www.chelmsfordha.com

Employment:

Are you currently employed? No _____ Yes _____ (Full time _____ Part time _____ Per diem _____)

If **unemployed**, are there any reasons that would prevent you from starting training or work now?

Yes _____ No _____

Are there any other family members employed? Yes _____ No _____

If yes, fill out the following information:

Household Member(1): _____ Job Title: _____

Rate of Pay (PH/PW) _____

Household Member (2): _____ Job Title: _____

Rate of Pay (PH/PW) _____

Please list your last 5 years of employment:

Employer	Salary (Hourly/per week)	Start Date	End Date
(Current)			

What are your long-term goals for employment/trainings?



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
www.chelmsfordha.com

Household Composition (please list all members of your household):

Name	Relationship	Date of Birth
	Head of Household	

Are there any adults (over 18 years of age) family members who will want to participate in the Family Self-Sufficiency Program? Yes _____ No _____

Do you receive any food stamp benefits? Yes _____ No _____

Do you receive any medical assistance (i.e masshealth, medicare, etc.)? Yes _____ No _____

Do you require any accommodations for handicap accessibility? Yes _____ No _____

If Yes, what accommodations do you need?



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
www.chelmsfordha.com

Miscellaneous Questions:

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 _____

If “NO what type of transportation do you use? _____

Is your home accessible to public transportation? _____

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

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 Student Loans? Yes _____ No _____

In addition to rental assistance, do you receive financial assistance from friends, family, the City, State or Federal government? Yes _____ No _____ If yes, please specify _____

Have you ever taken a First Time Homebuyer class? Yes _____ No _____ If yes, where? _____

Are you interested in purchasing your own home in the future? Yes _____ No _____

If no, why? _____

Do you see homeownership as a realistic goal for your family within the next 5 years? Yes _____ No _____

Would you be interested in making this a goal if you enroll in the FSS Program? Yes _____ No _____

Signature (Please read & sign below)

I hereby certify and affirm under penalties & perjuries that the above statements are true & correct. I understand that the **Chelmsford Housing Authority** will verify the statements herein, and I have no objections to inquiries being made.

Section 1001 of Title 18 of the U.S Code makes it 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.

Signature of applicant

Date