

This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
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 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
 本通知很重要。請將之譯成中文。
 នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение. Обязательно переведите

Social Services

Family Self-Sufficiency Program Application

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____ Home Phone: _____

Cell: _____ Preferred Contact Method: _____

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:

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Social Services

Supportive Services

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

- | | | |
|---|--|---|
| <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"/> Other: | | |

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: _____ Job Title: _____

Rate of Pay (PH/PW) _____

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

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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