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Pickaway Metropolitan Housing Authority

TTY/TDD Customers:
Contact Ohio Relay Services
@711 or 1-800-750-0750



Family Self Sufficiency (FSS) Application

Date: _____

Name of Head of Household	Social Security Number
Street Address	Home Phone Number
City, State, Zip Code	Work Phone Number

Head of Household Information

1. Are you employed? Full-time (32 hours/week) Part-time Not employed

If employed, complete the following:

Name of Employer: _____

Job Title: _____ Pay \$ _____ per _____

When did you start this job? _____

Benefits in current employment: (check all that apply): Health Retirement Account
 Other (explain): _____

2. What other types of jobs have you had in the past 6 years? _____
- _____

3. What is the highest grad you completed in school? 1 2 3 4 5 6 7 8
 9 10 11 12 GED College 1 2 3 4

4. Assistance received by the family (check all that apply) TANF Income Assistance
 Medicaid/Children's Health Insurance General Assistance
 Earned Income Tax Credit Food Stamps
 Unemployment Child Support/Alimony
 Other _____

5. Have you ever been through Job Club, JTPA, or any other employment program? Yes No
If yes, which program were you in? _____

Financial Information

1. Do you have a checking account? Yes No
2. Do you have a savings account? Yes No
3. Do you have trouble paying your bills on time? Yes No

Other Household Member's Information

Name	Relationship to Head of Household	Date of Birth	In Childcare?		Is He/She Employed?		Has High School Diploma or GED?	
			Yes	No	Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Needs

1. Do you have adequate childcare that will allow you to go to work? Yes No
 If Not, why not? _____
2. What kind of transportation do you use? Own car Ride from friends
 Public transportation Other (please explain) _____
3. Do you have a driver's license? Yes No
4. Do you and your family have affordable healthcare? Yes No
5. Is there any issue that might keep you from getting or keeping suitable employment? Yes No

Please explain: _____

Goals for the Future

1. What kind of work would you like to do? _____

Are you willing to get training or go back to school? Yes No

2. Are you interested in owning your own home? Yes No

How do you rate your credit? Excellent Good Fair Bad

3. Do you have any other goals you would like to accomplish? _____

4. What areas do you need improvement? Education Job Training
- Job Search Location Transportation Finding Healthcare Mentoring
- Saving Money Finding Childcare Affording Childcare Budgeting
- Parenting Finding Housing Improving Credit Rating
- Drug Treatment/Rehab

5. What do you think the Family Self Sufficiency (FSS) program will do for you?

6. List your three most important goals to attain Financial Self Sufficiency?

a. _____

b. _____

c. _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

The above information is correct and complete to the best of my knowledge.

Signature of Head of Household

Date

USDA Non-Discrimination Statement

This institution is an equal opportunity provider.

HUD Notification of Non-Discrimination on the Basis of Disability Status

Pickaway Metropolitan Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): Jean Maynard, Pickaway Metropolitan Housing Authority, 176 Rustic Drive, Circleville OH 43113, Phone: 740-477-2514, Email: jmaynard@pickawaymha.com