



HOUSING AUTHORITY

of the City of Beaumont, Texas

Family Self-Sufficiency Application

A. Demographic Information

Date: _____

1. Applicant's Legal Name: (Last, First, MI)		Home Phone:
2. Address: (Street, City, State, Zip)		Work Phone:
Mailing Address: (If Different)		Cell Phone:
3. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	4. Race – (Use Race Listed Below) <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	Emergency Contact Name & Number: _____ _____

B. Education

5. Highest School Grade Completed: (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate? _____	6. Presently enrolled in: <input type="checkbox"/> High School GED <input type="checkbox"/> College Courses <input type="checkbox"/> Vocational School <input type="checkbox"/> Apprenticeship Program (describe) _____ <input type="checkbox"/> Other training program(s) (describe) _____					
7. Have been enrolled training or a vocational course? <input type="checkbox"/> Yes (if YES, list courses below indicating whether they were paid for from public or private sources, or both) <input type="checkbox"/> No (If, NO, go to item 9) <input type="checkbox"/> Date when completed _____ <input type="checkbox"/> If you did not complete the course, why not? _____						
List Courses and Sponsoring Agency (if known):	Source of Funds		Number of Months in Course:	Years Attended:	Course Completed	
	Public	Private			Yes-Date	No



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5. What sources are currently being provided by any agency (I.e., daycare, transportation, counseling) to you and/or members of your household? (Use additional sheets if necessary)

Agency:	Agency Address:	Telephone Number:	Service Provider:	Length:
(1)				
(2)				
(3)				
(4)				

Do you have any comments about these providers?

C. Household Composition and Income

9. If you are currently employed, list current job/occupation: (if you do not have a job/occupation, write NONE)

Salary: \$ _____ Per Wk.	Employer: _____
Salary: \$ _____ Per Hr.	Occupation: _____
Hours: Part Time: _____ Full Time: _____	How long employed in this position? Years: _____ Months: _____
Salary: \$ _____ Per Wk.	Employer: _____
Salary: \$ _____ Per Hr.	Occupation: _____
Hours: Part Time: _____ Full Time: _____	How long employed in this position? Years: _____ Months: _____
Salary: \$ _____ Per Wk.	Employer: _____
Salary: \$ _____ Per Hr.	Occupation: _____
Hours: Part Time: _____ Full Time: _____	How long employed in this position? Years: _____ Months: _____
Salary: \$ _____ Per Wk.	Employer: _____
Salary: \$ _____ Per Hr.	Occupation: _____
Hours: Part Time: _____ Full Time: _____	How long employed in this position? Years: _____ Months: _____



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11. Are there any reasons that would prevent you from starting training or work now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. List people living in your household:		
Name: (first, last)	Relationship:	Date of Birth:
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
13. Do you receive food stamp benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much is your monthly contribution towards food stamps? \$ _____		
14. Do you receive medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Are there any adult (over 18 years of age) family members who will want to participate in the Family Self-Sufficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D. Child Care

16. Do you pay child care expenses? <input type="checkbox"/> Yes (if yes, complete information below) <input type="checkbox"/> No (if no, go to item 18)					
Child's Name:	Age:	Type of Child Care:		Hrs. Per Wk.	Cost Per Wk.
		In Home:	Outside Home:		
(1)					
(2)					
(3)					
(4)					
17. List the names of children for whom you need child care services if you took training courses or assume a full time job:					
(1)			(4)		
(2)			(5)		
(3)			(6)		



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E. Support Services Needed

18. If you were selected to participate in this program, what support services would you need?		
<input type="checkbox"/> Child Care <input type="checkbox"/> Education/GED Assistance <input type="checkbox"/> Job Placement <input type="checkbox"/> Budgetary <input type="checkbox"/> Drug/Alcohol Rehab or Counseling	<input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Job Training <input type="checkbox"/> Career Counseling <input type="checkbox"/> Reading Skills <input type="checkbox"/> Nutrition	<input type="checkbox"/> Medical Care Assistance <input type="checkbox"/> Job Search <input type="checkbox"/> Other counseling <input type="checkbox"/> Math Skills <input type="checkbox"/> Job Preparedness
19. What kind of job would you like to have?		
20. Do you require any accommodations for handicap accessibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What accommodations do you need?		
21. Do you need TDD/TDY access to our staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature: Please Read and Sign Below

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

WARNING: 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: