



Family Self-Sufficiency (FSS) Program Application

****You must be a current HCV participant to be eligible for FSS****

Name: _____	SS#: _____
Address: _____	
	Apt. # _____
	City _____
Email: _____	
Home Phone: _____	Best Time to Call: _____
Cell Phone: _____	Best Time to Call: _____
Are you currently receiving Housing Choice Voucher (Section 8) assistance from LMHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently employed? Yes No If so, where? _____

Job Title: _____ If not employed, source of income: _____

Are you currently enrolled in a school or training program? Yes No

If so, where? _____ Major: _____

Anticipated graduation date: _____ Type of degree: _____
(Month/Year) (Bachelor/Associate/Certificate)

Is anyone in your household receiving cash welfare assistance? Yes No

Are you willing to seek and maintain employment within the next 5 years? Yes No

Have you participated in the FSS program at LMHA previously? Yes No

Note: Your answers to the above questions will be used to assess your needs in defining and setting goals to be accomplished should you enroll in the FSS program. Please answer all questions as completely and honestly as possible.

I understand that this is an application for the Housing Choice Voucher (Section 8) Family Self-Sufficiency Program, a voluntary program. I also understand that the number of people that can be accepted into this program is limited and that no guarantee of acceptance into the program has been made or implied by Lake Metropolitan Housing Authority.

Applicant Signature

Date