



ASHEVILLE HOUSING AUTHORITY

165 South French Broad Avenue
 P.O. Box 1898, Asheville, NC 28802
 P: 828.239.3506 F: 828.257.2716

FAMILY SELF-SUFFICIENCY (FSS) PROGRAM APPLICATION

Applicant Name: _____
First MI Last

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): Home: _____ Cell: _____ Alternate: _____

Do you have an email address? Yes No If yes, please list _____

Best way(s) to contact you? Call Text Email

Are you currently employed? Yes No

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

Household Member Name	Relationship to Applicant	Date of Birth	Age	Race	Gender	Highest Grade Completed	Employed? Y/N	Receiving Disability? Y/N
	Applicant/You							

Please list all monthly income and/or benefits received in the household below:

Employment Gross Income \$ _____	Child Support \$ _____
Social Security \$ _____	SSDI \$ _____
Work First \$ _____	Unemployment \$ _____
Food Stamps \$ _____	Retirement/Pension \$ _____
Grants/ Scholarships/ Financial Aid \$ _____	Other \$ _____



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Does any household member receive any of the following? Check all that apply:

- Medicaid/Medicare Child Care Voucher

Do you have an active bank account? Yes No

If you have a bank account, please check all that apply: Checking Savings CD IRA

What type of services might you need to become self-sufficient? Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> GED/High School Diploma | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelor or Master Degree |
| <input type="checkbox"/> Job Search/Interview Skills | <input type="checkbox"/> Computer Training | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Parenting Skills/Education |
| <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Employment | <input type="checkbox"/> Health Care (mental/physical) |
| <input type="checkbox"/> Better Housing | <input type="checkbox"/> Support System | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Clothing for interview | <input type="checkbox"/> Educational Advocacy for Child | <input type="checkbox"/> Other: _____ |

By signing below, I certify that the information I have given on the application is complete and correct.

Signature _____

Date _____