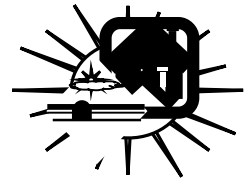


**APPLICATION FOR
THE FAMILY SELF-SUFFICIENCY PROGRAM
OF THE HOUSING AUTHORITY OF THE CITY OF SAN LUIS OBISPO**



Applicant's Legal Name (Last, first, MI)		Home Telephone No.	
Address:			
Street	City	State	Zip
Mailing Address (if different than above)			
Address:			
Street	City	State	Zip
<ul style="list-style-type: none"> • Emergency Contact & Telephone No. _____ • Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed • Spouse/Co-head Name: _____ 			
Does this person wish to participate in the Family Self-Sufficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- List all dependents and other adults living in your home: (First & last name)

Name	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Previous Education

- Highest School Grade Completed (Circle one): **1 2 3 4 5 6 7 8 9 10 11 12 GED**
 Highest College Grade Completed (Circle one): **1 2 3 4 +**
 Certificate(s) or Degree(s) Completed: _____
 Major/s: _____
- Are you presently enrolled in any classes or training programs? Yes No
 Name of School _____ Courses of study _____
- Are you currently enrolled in a work program? (CalWORKS, PIC, Dept. of Rehabilitation)
 Name of program: _____ Worker's name: _____
 Date you began: _____
- Have you ever been enrolled in a training program? Yes No
 List agency _____ Worker's name _____
 Dates of enrollment: from _____ to _____ Completed? Yes No
 Training and certificates received: _____

Other

- List agency _____ Worker's name _____
- Dates of enrollment: from _____ to _____ Completed? Yes No

II. Current Income & Employment History

Income

- What is your family's current income and from what sources?

Amount	(Hour, week, month)	Source
\$ _____	per _____	_____
\$ _____	per _____	_____
\$ _____	per _____	_____

Other: _____

- Do you receive welfare benefits? (Check those that apply)

- | | |
|--|--|
| <input type="checkbox"/> CalWORKS (TANF) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> (Transitional Medi-Cal) |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Other _____ | |

Employment

- Are you currently working? Yes No

Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to present

Job title: _____ Duties: _____

- List previous jobs you have held (most recent first):

A) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

B) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

C) Place of Employment: _____ Name of supervisor _____

City _____ Rate of pay _____ Hours per week _____

Dates of employment: from _____ to _____

Job title: _____ Duties: _____

Why did you leave? _____

- List any volunteer work you have done _____

III. Support Services

I (or a member of my household) am/are **presently** receiving assistance from the following programs: (check all that apply)

- CalWORKS through the Department of Social Services
- Shoreline Workforce Development Services – Goodwill Industries
- State Department of Rehabilitation - vocational training
- Unemployment office (EDD) - Job Service
- VATEA Program or Women's Re-entry Program - Cuesta College or Allen Hancock College
- E.O.P.S. - Cuesta College, Allen Hancock College, or Cal Poly (EOP)
- Another Work training Program _____
- Community Action Partnership - Head Start Program (previously EOC)
- Community Action Partnership - Childcare Resource Connection
- Department of Social Services - Medi-Cal, Food Stamps, General relief
- Learning Skills Services – DSPS, Cuesta, Learning Center, Allen Hancock College, D.S.S., Cal Poly
- County of San Luis Obispo Drug and Alcohol Services
- Lifesteps
- Other _____

If you are currently participating in CalWORKS or a job training program (like PIC), you will receive a preference for Family Self-Sufficiency).

These are areas where I need assistance: (Check all that apply)

- Education (GED, Special Education, 2/4 year degree)
 - Job training, vocational training/rehabilitation
 - Job preparation and placement.
- | | |
|---|---|
| <input type="checkbox"/> Household management skills | <input type="checkbox"/> Home ownership opportunities |
| <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Money management/Credit repair | <input type="checkbox"/> Minority services counseling |
| <input type="checkbox"/> Family counseling (Crisis intervention) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Substance abuse and/or alcohol abuse treatment | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Independent living skills for the disabled | <input type="checkbox"/> Financial aid for education |
| <input type="checkbox"/> Services for the hearing or visually impaired | <input type="checkbox"/> Nutrition, grooming skills and health services |
| | <input type="checkbox"/> Other: _____ |

Childcare:

- Do you currently pay childcare expenses? Yes \$ _____ per week No
- Do you receive a subsidy to help you pay your child care expense? Yes No
 What agency/source helps you? EOC-CCRC CARE program/EOPS
Financial Aid for school Dept. of Rehab. Other _____
- List the names of your children *for whom you would need childcare services* if you went to school or to work:
 1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

- What kind of a job would you like to have? _____
- Do you require any accommodations for handicap accessibility? Yes No
If yes, what accommodations do you need? _____
- Do you need TDD/TDY access to our staff? (For hearing impaired) Yes No
- Do you owe the Housing Authority of San Luis Obispo any money? Yes No
- Have you ever applied to the Family Self-Sufficiency Program? Yes No
If Yes, approximate date that you applied: _____

CERTIFICATION AND RELEASE OF INFORMATION:

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

Warning! Section 1001 of Title 18 of the U.S. Code make sit 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.

I hereby give my permission for the Housing Authority of San Luis Obispo to discuss and review my application with the Program Coordinating Committee and to release information they deem necessary prior to my admittance to the Family Self-Sufficiency Program.

Signature of Applicant: _____ Date _____



Office use only: Housing specialist _____ Date housed _____ Case # _____