

Family Self-Sufficiency Interest Form

Please provide the following information requested below. Notification of the next briefing appointment date will be sent by mail within 30 days of the date received.

Full Name:		Date:	
Address:			
Phone:		Email:	
Name of Current Section 8 Technician:			

What is your gross household income?	
--	--

What is your employment status:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Unemployed
Last Employer's Name:	
Hire Date:	Salary:

Do you receive public financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply:
<input type="checkbox"/> TANF <input type="checkbox"/> General Relief <input type="checkbox"/> Diversionary Funds	
<input type="checkbox"/> SSI for a Dependent Child: <input type="checkbox"/> Other:	

Are you interested in attending school or vocational training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select at least one:	<input type="checkbox"/> GED <input type="checkbox"/> Welding <input type="checkbox"/> Nursing
<input type="checkbox"/> Computer Technology <input type="checkbox"/> Information Technology <input type="checkbox"/> Electrician <input type="checkbox"/> Health IT	
<input type="checkbox"/> Office Administration <input type="checkbox"/> Other:	

What goals would you like to accomplish over the next five years?

Office Use Only

Last Recertification Date:	Tech Name:
-----------------------------------	-------------------

