



Family Self-Sufficiency Program

FSS Application Form (Geauga Metropolitan Housing Authority)

Participant Information

Full Name: _____ Phone: _____

Address: _____

E-mail: _____

Best time to contact: _____

Are you currently employed? If so where: _____

If not employed, source of income: _____

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

If so, where? _____ Major: _____

Anticipated graduation date: _____ Type of Degree: _____

Is anyone in your household receiving cash assistance? _____ YES or No _____

Are you willing to seek and maintain employment within the next 5 years? _____ YES or No _____

A short term goal I have is: _____

A long term goal I have is: _____

Are you currently participating in an FSS Program with another agency? _____ YES or No _____

If yes, please list where and when _____

Did you successfully complete the program? _____ YES or No _____

Have you participated in the FSS Program before? _____ YES or No _____

Did you complete FSS with escrow or without? _____ YES or No _____

Consent and Agreement

I understand that in order to gain more information on the Family Self-Sufficiency (FSS) Program, I will be required to attend an orientation meeting to decide if this program will work for me.

Signature of Head of Household: _____

Date: _____

Office use only: Date Received: _____ Time Received: _____
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