

**HOUSING CHOICE VOUCHER
FAMILY SELF-SUFFICIENCY APPLICATION**



All responses are confidential. Information will be used to help develop your self-sufficiency plan.

A. PERSONAL INFORMATION

Date _____

1. Applicant's Legal Name (Last, First, MI)

2. Phone (Home) _____ Cell _____ Work _____

3. Address (Street, City, State, Zip)

4. Email Address: _____

5. Age: _____ Birthdate: _____

6. Race: (For statistical purposes) ___ Black ___ White ___ Hispanic ___ American Indian
___ Asian or Pacific Islander ___ Other

7. Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed

8. Spouse's Name: _____ Age: _____

Spouse's Address: _____

Cell Phone: _____ Work Phone: _____

Age: _____ Birthdate: _____ Social Security #: _____

9. Emergency Phone Contact – Name and Telephone Number:

B. EDUCATION

10. Highest Grade Completed: _____ Date Last Attended School: _____

11. Name of School: _____

12. Did you graduate? _____ If no, do you have your GED? _____

13. Are you presently enrolled in: ___ GED classes ___ College ___ Vocational School

14. If yes, please list the name of the program and where and when you take classes:

15. Have you ever been enrolled in training, vocational or college courses? ___ Yes ___ No

If yes, what courses were taken: _____

If you did not complete the course, please explain why: _____

C. SERVICES AND BENEFITS

16. Are you receiving any of the following: Please list the actual amount you receive each month:\$_____

TANF \$_____ Social Security \$_____ SSI \$_____ Unemployment

\$_____ Child Support \$_____ Food Stamps \$_____ Workman's Compensation

\$_____ Other (Explain) _____

Do you have any comments about these providers?: _____

17. Do you have health insurance for yourself and your children? Please circle the type of insurance you receive:

Self: Insurance through my job/ Medicaid/ No health insurance

Children: Insurance through my job/ Medicaid/ FAMIS / No insurance/ Through another source

CI. WORK EXPERIENCE

18. Please attach a copy of your resume. **IF YOU DO NOT HAVE A RESUME, please list your current job.** If you are not currently employed, fill in the information from your most recent job:

Employer: _____ Job

Title: _____ Salary: \$_____

Your work schedule: (For example: Mon: 8 am – 3 p.m)

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____ How

long have you worked here: _____

19. Please have your spouse or other working member of the household over 18 complete:

Employer: _____

Job Title: _____ Salary: \$ _____

Hours your work. For example: Mon: 8 am – 3 p.m

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

How long have you worked here: _____

20. If you have not attached your resume, please list the previous jobs you have held. If you have never been employed, write N/A.

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Salary: \$ _____ Avg. # Hours a Week _____

Supervisor: _____ Dates of Employment: From _____ To _____

Describe the type of work you performed: _____

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Salary: \$ _____ Avg. # Hours a Week _____

Supervisor: _____ Dates of Employment: From _____ To _____

Describe the type of work you performed: _____

21. Are there any reasons that would prevent you from starting a job now? _____ No _____ Yes

If yes, please explain: _____

E. HOUSEHOLD COMPOSITION

22. List the people living in your household:

Name (last, first)	Sex	Relationship	Date of Birth	Social Security #

F. CHILD CARE

23. Do you pay child care expenses? ___ No ___ Yes If yes, how much do you pay per week? _____

24. How many children do you have in child care? _____

25. Please list their names, ages and day care provider:

Child's Name (Last, First)	Age	Child Care Provider

26. Do you receive assistance paying your child care expenses? ___ No ___ Yes. If yes, circle all that

apply: TANF Working Day Care VIEW Day Care Fee Based Day Care

Father helps pay Grandparents help pay Other _____

26. Are you on any waiting lists for child care assistance at the Department of Social Services or any other agencies such as SERVE? ___ No ___ Yes

G. HEALTH

28. Do you have any medical problems? ___ No ___ Yes

If yes, please explain: _____

29. Do your children have any medical problems? ___ No ___ Yes

If yes, please explain: _____

Do your children's medical problems effect your ability to find or keep a job? ___ No ___ Yes

If yes, please explain: _____

30. Is there any history of mental illness in your family: ___ No ___ Yes

If yes, who? _____

31. Do you or any member of your household use drugs or alcohol? ___ No ___ Yes

If yes, who, what type and how often? _____

32. Have you or any member of your household been in a treatment program of alcohol and/or drug abuse?

___ No ___ Yes If yes, when and where: _____

H. MONEY MANAGEMENT

33. Are you able to pay all your monthly expenses? ___ No ___ Yes

34. Do you have any loans? ___ No ___ Yes If yes, what type (i.e. car, credit card, personal, student, furniture, etc.): _____

Are you paying on the loan(s) ___ No ___ Yes. If yes, please list each loan and how much you pay each month on the loan (for example, car \$250, student \$50, credit card \$100, furniture \$50)

Are you in default on any loans (i.e. you have loans but are not paying them) ? ___ No ___ Yes

If yes, please explain: _____

35. Do you have any judgements against you: ___ No ___ Yes

If yes, please explain: _____

36. Have you ever filed for bankruptcy? ___ No ___ Yes

If yes, when and where did you file: _____

37. Do you have a copy of your credit report? ___ No ___ Yes IF YES, PLEASE ATTACH A COPY.

I. LEGAL ISSUES

38. Are you presently having any legal problems? ___ No ___ Yes

If yes, please explain: _____

39. Do you have a lawyer? ___ No ___ Yes Lawyer's name: _____

40. Have you had any legal problems in the past that you still deal with today? ___ No ___ Yes

If yes, please explain: _____

Do you have a probation/parole officer? ___ No ___ Yes

If yes, please explain: _____

PLEASE READ AND SIGN BELOW

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that the Housing Assistance Program will verify the statements herein.

Signatures:

_____	_____	_____
Applicant	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Mail application to:
Virginia Housing
P.O. Box 4545
Richmond, VA 23220

Visit website to download and print FSS application
<https://www.vhda.com/Renters/Documents/FSS-Intake-Application.pdf>

or email to FSS@virginiahousing.com