



Family Self-Sufficiency Program
Participant Application

Please complete the FSS Application online or submit the application below to FSS@worcesterha.org. For questions or more information call 508-688-3103.

Participant Information

Name:		Address:	
Phone Number:		Email Address:	
How do you prefer to be contacted?	<input type="checkbox"/> Text	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Call <input type="checkbox"/> Letter
What language do you prefer to receive information in?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____

Household Composition

Are you the head of household or other adult member of household on the Section 8 or Public Housing lease?	<input type="checkbox"/> Head of Household <input type="checkbox"/> Member of Household
How many adults, above the age of 18, are living in the household?	
How many children under the age of 18 are living in the household?	
Will you be considered head of the FSS Family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any other adult household members interested in enrolling in FSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment/Financial

Are you in the process of having your rent recalculated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have income from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you expect to have income from work in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone else in your household have income from work or expect to have income from work in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

What is the highest level of education you completed?	<input type="checkbox"/> K-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> Highschool Diploma/GED <input type="checkbox"/> Vocational/Trade <input type="checkbox"/> Certificate Program <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other: _____
Are you currently enrolled in an educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in continuing your education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which of the following are you interested in?	<input type="checkbox"/> GED/Hi-Set <input type="checkbox"/> Certificate Program <input type="checkbox"/> College <input type="checkbox"/> Other: _____

Enrollment Information

What area is of most importance to you right now?	<input type="checkbox"/> Credit <input type="checkbox"/> Savings <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Becoming a Homeowner
What is your most important savings goal?	<input type="checkbox"/> Purchasing a home <input type="checkbox"/> Starting a business <input type="checkbox"/> Car <input type="checkbox"/> Improve Credit <input type="checkbox"/> General Savings <input type="checkbox"/> Emergencies <input type="checkbox"/> Reduce Debt <input type="checkbox"/> College <input type="checkbox"/> Other: _____
Have you previously participated in an FSS Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what prevented you from graduating?	
Did you receive any escrow funds while enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Family Self-Sufficiency Program?	<input type="checkbox"/> Letter from WHA <input type="checkbox"/> Management Office <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> Someone I know <input type="checkbox"/> Other: _____

By submitting this application, you are agreeing to be contacted regarding enrollment in the Family Self-Sufficiency program. Completing and submitting this application does not determine eligibility or indicate enrollment in the Family Self-Sufficiency Program. A Family Self-Sufficiency Coordinator will contact you to determine eligibility and complete the enrollment process.

(Participant Signature)

(Date)