

From Savings to Success

Family Self-Sufficiency Application and Assessment

Head of Household: _____

Applicant Name: _____

Current Program: HCV PH FYI PBV VASH

Email Address: _____

Telephone Number: _____

What is your preferred method of contact?

Phone Text Email Mail

What is your preferred language? _____

HOUSEHOLD INFORMATION:

Household Information: Please list all members of your household.

Member	Name	Gender	Age
Self			

EDUCATION:

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 (GED = 12)

Are you currently a student? Yes No

List any licenses, certificates or degrees earned:

Have you ever applied for Financial Aid? Yes No

Do you have student loans? Yes No

Are your loans current or deferred? Yes No

List your education goals (if any):

FINANCES:

How would you describe your credit?

Good Fair OK Needs Improvement

Are you currently using a budget? Yes No

Do you currently have a checking or savings account? Yes No

List your financial goals (if any):

JOB READINESS:

Do you have a current resume? Yes No

Have you used WorkSource? Yes No

Do you feel you need additional skills or job training? Yes No

If yes, what additional skills do you feel you need?

Microsoft Office Excel PowerPoint Interviewing Skills

Resume Skills Job Search Skills Job Training

Other: _____

Do you feel you have barriers to obtaining the job or career you want?

Yes No

If yes, what are the barriers?

Lack of work history Childcare

Domestic Violence Limited English proficiency

Reliable transportation Caregiver of a child with special needs

Lack of funds for uniform/work attire Criminal history

Other _____

List your career goals (if any):



EMPLOYMENT:

Employer (if currently employed): _____

Part-Time Full-Time (32 hours)

Approximate hire date: _____

Current job title: _____

Does your employer provide: Health Benefits Retirement

TRANSPORTATION:

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Do you have reliable childcare? Yes No

What do you like about yourself? What are your strengths?

Briefly tell us why you want to participate in the FSS Program:



RESOURCES/SERVICES:

Are you currently working with other community programs/agencies?

Yes No

If yes, please list organizations: _____

Which of these general services are you currently receiving (mark all that apply)?

- OHP SNAP TANF
 EARNED INCOME TAX CREDIT VOUCHER
 PUBLIC HOUSING ENERGY ASSISTANCE

Please read and sign.

I certify that the above information is true and correct. I understand that the Housing Authority of Clackamas County might verify the statements herein, and I have no objections to inquiries being made.

Signature of FSS Applicant

Date

Please return your completed FSS forms to HACC.

Email: afischer@clackamas.us or dcuevas@clackamas.us

Mail: PO BOX 1510, Oregon City, OR 97045

In-Person: 13930 S Gain St, Oregon City, OR 97045

(There is a drop-box available if the office is closed.)