



FAMILY SELF SUFFICIENCY PROGRAM

Coordinators

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PRE-ENROLLMENT APPLICATION

Space is limited: **MUST** be a current tenant of Section 8 or Public Housing
By completing this document, you are showing interest in the FSS Program

Name: _____

Address: _____

City: _____ State: **TX** Zip: _____ Telephone #: _____ Is this a cell #? Yes or No

Email Address: _____ Date of Birth: _____

Please choose one:

Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed: _____

Race: _____ Sex: F _____ M _____ Are you a VETERAN? Yes ___ No ___

List all members in your household 18 years or older, include the following information:

	<u>Name</u>	<u>Age</u>	<u>Employed (Yes/No)</u>	<u>Relationship to You</u>
1.	_____	_____	_____	SELF
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Employment and Benefits

Do any household members 18 years or older expect to seek and maintain income/earning wages while participating in the FSS Program? Yes _____ No _____

Do you have health/medical insurance? Yes _____ No _____

Other Income & Amounts

Please provide all other household sources of income, include dollar amounts

Child Support: _____ Social Security: _____ SNAP: _____ TANF: _____

Unemployment: _____ VA: _____ Other: _____

Do you have a checking account? Yes _____ No _____ A savings account? Yes _____ No _____

Education

Are you currently attending college? Yes _____ No _____ Where? _____

Part or Full Time? _____ (Current) Major Field of study? _____

List all degrees/certificates, _____

Transportation

What is your current means of transportation? Personal vehicle _____ Bus _____ Uber/Lift _____
Bike _____ Walk _____ Other: _____

Do you have a valid driver's license? Yes ____ No ____ Do you have a state issued ID? Yes ____ No ____

Rental Information

How long have you been on a Section 8 voucher or lived in Public Housing? _____

How much is your contract rent on your current lease amount? _____

How much do you currently pay per month in rent? _____

When will your lease expire/need to be renewed? _____

ONLY answer if you are currently living at Kate Ross or Estella Maxey.

Are you on the Section 8 Wait list? Yes _____ No _____

I certify that the information provided is true to the best of my knowledge.

Print Name

Signature

Date

Last UD: 02/07/2023

Please save and email to: fssprogram@wacopha.org