



# 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.	_____	_____	_____	<b>SELF</b>
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.**

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Print Name

Signature

Date

Last UD: 02/07/2023

Please save and email to: [fssprogram@wacopha.org](mailto:fssprogram@wacopha.org)