

San Marcos Housing Authority Resident Services Department

Family Self-Sufficiency Program

Chapultepec Homes Office
701 South LBJ Drive
San Marcos, Texas 78666
Phone: 512-396-3364 * Fax: 512-353-5070
Email: fss@smpha.org

Deaf & Hearing Impaired: 800- (RELAYTX 800-735-2989)

Thank you for your interest in the San Marcos Housing Authority Family Self-Sufficiency (FSS) Program. The Department of Housing and Urban Development (HUD) has allowed the Housing Authority to set aside the Chapultepec Homes exclusively for the Family Self-Sufficiency Program. *To be approved for the program you must demonstrate that you are motivated to participate in and complete the program.* The waitlist is by bedroom size, which is determined by your household composition. We have 2, 3, and 4-bedroom units. Bedrooms are small so each child that is age 5 or older will qualify for a room of their own. Infants less than 12 months do not qualify for a room. Two children under age 5 may share a room.

To apply you must attend an orientation meeting where you will learn more about the FSS Program and public housing requirements. We will accept your application at that time. Be sure to fill it out completely, leaving no blanks.

The FSS Screening Committee meets with applicants as needed to fill anticipated vacancies. You must contact us if you change your address, phone number, or email. If you are approved for the FSS Program, you will be invited to submit a regular Public Housing application for the Chapultepec Homes. You are not added to our waitlist until we receive that application.

The Housing Authority gives preference to applicants who live or work in Hays County. This is based on where you reside at the time we receive your public housing application, after you have been selected to participate in the FSS Program. If you do not qualify for the preference, you could be passed over in favor of a later applicant who does qualify. The average wait time for an approved applicant is 6 to 12 months from the initial orientation date.

FSS Orientations are held at the Chapultepec Adult Learning Center on the 2nd Wednesday of each month at 12:00 PM (except for holidays) and will take about 45 minutes.

Childcare will not be provided. Please arrange suitable care for your children. Parking is available on McKie Street and South LBJ Drive. Please do not park in in areas reserved for residents.

**COMPLETE THE ATTACHED APPLICATION
AND BRING IT TO THE NEXT ORIENTATION.**

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SAN MARCOS HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY PROGRAM APPLICATION

For Office Use Only	Bedroom Size: _____	Orientation Date: _____	Approved by SC: _____
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All information will be kept confidential in accordance with Housing Authority guidelines. This information will be reviewed by the Family Self-Sufficiency (FSS) Screening Committee. Please be as honest as possible. If you are approved for the FSS Program, you must be eligible for Housing Assistance and pass our normal screening process in order to be accepted into the FSS Program. Answer ALL questions. If a question does not apply to you, please put "not applicable" or "N/A." Incomplete applications will not be considered. If you need help with his application, please call the FSS Office at 512-396-3364.

Head of Household: _____ SSN: _____

Address: _____ Cell #: _____
(Include unit # & zip code)

Mailing address if different from above: _____

E-mail Address: _____

Phone Number: (____) _____ - _____ Alternate Phone Number: (____) _____ - _____

Please check one of the following:

- SINGLE
 MARRIED
 SEPARATED
 COMMON-LAW MARRIED

Including yourself, please list all of the people who will be living in the household, if accepted:

NAME	RELATION TO YOU	DATE OF BIRTH	RACE
1.) _____	SELF	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____
5.) _____	_____	_____	_____

What is your current employment status?

- | | | |
|---|---|---|
| <input type="checkbox"/> Employment Full-time | <input type="checkbox"/> Employed Part-time | <input type="checkbox"/> Waiting to start job |
| <input type="checkbox"/> On Lay-Off | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Enrolled in School |
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired: age _____ |
| <input type="checkbox"/> In Job-training | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Other _____ |

Employer: _____ Supervisor: _____

Address: _____ Work #: _____

Start Date: _____

Please list your work history for the last 3 years:

Do you have any other source of income?

Yes ___ No ___

If yes, how much and where does it come from? _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma or GED? If yes, what year did you obtain it? _____

If you do not have a high school diploma or GED, have you ever enrolled or participated in a program to obtain it? _____ If yes, when and where? _____

Have you ever enrolled in a university, community college, trade school or any other higher education program? _____ If yes, when and where? _____

Major / Trade: _____ Date began: _____ Expected date of Graduation: _____

List skills, certificates, special training or experience (CNA, CMA, MA, HA, Welding, Forklift, etc.): _____

CRIMINAL BACKGROUND:

Do you, or any adult who will be residing in the household, have any criminal records in the last 3 years?

Yes ___ No ___

If yes, please explain in detail: _____

RENTAL HISTORY

Have you ever leased or rented an apartment, house, mobile home or any other form of housing?

Yes ___ No ___

Have you ever broken a lease or been evicted?

Yes ___ No ___

If yes, when and why? _____

Do you owe money to any previous landlord? _____ Yes _____ No

If yes, how much and have you made payment arrangements? _____

Would your previous landlord(s) give you a positive reference? Yes____ No____

Have you already applied for public housing or Section 8? Yes____ No____

Have you ever lived in public housing or Section 8? Yes____ No____

Please list dates, location, and reason for leaving.

Transportation: Check all boxes that apply:

<input type="checkbox"/> I have a valid driver's license	<input type="checkbox"/> I have a reliable vehicle	<input type="checkbox"/> I use public transportation
<input type="checkbox"/> I have car insurance	<input type="checkbox"/> I have a non-working car	<input type="checkbox"/> I walk
	<input type="checkbox"/> I ride a bicycle	<input type="checkbox"/> I depend on others: _____

Who Cares for Your Children?: List all children

Dependent's Name	Age	Grade	Care-giver or School

Please tell us about any challenges with regard to parenting your children.

Are you getting assistance from any of the following programs? Check all boxes that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> TANF/Cash Assistance | <input type="checkbox"/> Domestic Violence/Sexual Assault | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> Earned Income Tax Credit | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Utilities: _____ | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Food Stamps | | <input type="checkbox"/> Other: _____ |

Are you interested in receiving any of the following services? Check all boxes that apply.:

- | | | |
|---|--|---|
| <input type="checkbox"/> GED | <input type="checkbox"/> High School | <input type="checkbox"/> Job Search/Placement |
| <input type="checkbox"/> Vocational /Job Training | <input type="checkbox"/> Resume | <input type="checkbox"/> Alcohol/Drug Issues |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medical Referral _____ | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Child Care | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> First-time Home Buyer | <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Health or Nutritional Info. | <input type="checkbox"/> Parent Training |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> College | |

Finances: Check all boxes that apply:

<input type="checkbox"/> I have a checking account	<input type="checkbox"/> I have a written budget	<input type="checkbox"/> I owe a lot of money
<input type="checkbox"/> I have a saving account	<input type="checkbox"/> I do not follow a budget	<input type="checkbox"/> I have a poor credit rating
<input type="checkbox"/> I have been turned down for a checking account	<input type="checkbox"/> I overspend	<input type="checkbox"/> I have credit issues that
	<input type="checkbox"/> I use credit cards	<input type="checkbox"/> have become legal issues

Support:

Who do you go to when you need help? _____

Have you received any type of case management services from any agency? ___Yes ___No

Agency: _____ Case Manager: _____

Agency: _____ Case Manager: _____

Current Status and Goals:

List the 3 biggest problems YOU are facing now: _____

How would you like things to be in the future? _____

What do you want most from life? _____

What changes would you want to see in your life 6 months from now? _____

What changes would you want to see in your life 1 year from now? _____

What changes would you want to see in your life 5 years from now? _____

What is your greatest strength?

What is your greatest weakness?

What does success look like for you?

What are your goals?

Education:

Financial:

Family:

Personal:

What is preventing you from reaching your goals? _____

Additional Information

How did you hear about the FSS Program? (If you heard about the FSS Program from a current or former client, please list their name.)

Have you been enrolled in any self-sufficiency or similar programs anywhere else?

If yes please explain where and why you are no longer enrolled: _____

Have you ever applied for the FSS Program before? Yes _____ No _____

If yes, please give the date you last applied: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION. YOU MUST CONTACT US IF YOU CHANGE YOUR PHONE NUMBER OR ADDRESS YOU MUST COMPLETE ALL STEPS IN THE APPLICATION PROCESS BEFORE YOUR APPLICATION WILL BE CONSIDERED BY THE SCREENING COMMITTEE. WE WILL CONTACT YOU AFTER THE SCREENING COMMITTEE HAS REVIEWED YOUR APPLICATION. YOU MAY BE ASKED TO MEET WITH THE COMMITTEE. IN THAT CASE, ALL ADULTS IN THE HOUSEHOLD MUST ATTEND THE MEETING.

SIGNATURE OF APPLICANT

DATE SIGNED

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