

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 this program. *To be accepted, 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. Two children under age 5 may share a room. Wait time for an approved applicant is usually between 6 and 12 months from the initial application date.

What is expected of all FSS Participants?

- You must meet with your FSS Coordinator at least once every 3 months for a review of your progress and to help keep you on track.
- You must attend self-sufficiency classes regularly.
- You must submit a short progress report at least once every 3 months.
- The Head of Household must be working, looking for work, or be enrolled in a training program that will lead to suitable employment.
- You must provide evidence of completed goals & other documentation to meet program requirements.
- You will sign a contract with the San Marcos Housing Authority, which includes an Individual Training and Services Plan (ITASP) for at least one adult in the household.

When we anticipate vacancies, the FSS coordinator will contact you to schedule an interview before submitting your application to the FSS Screening Committee. They are looking for evidence of motivation – something that shows you have been trying to achieve educational and employment goals. If you are approved for the program, you will be invited to submit a Public Housing application. You are not added to our official waitlist until we receive that application.

You must participate in the FSS Program to live at the Chapultepec Homes. Apply for *regular public housing* at the Allen Woods Homes (1201 Thorpe Lane) if you only want housing assistance.

The Housing Authority gives preference to applicants who live or work in Hays County. If you do not qualify for the preference, later applicants who meet this qualification are advanced ahead of you on the waitlist.

Chapultepec FSS Family Rent Estimate

THIS IS NOT PART OF THE FSS APPLICATION

This form is provided to help you decide if it makes financial sense for you to be in FSS. It is not an official form. If the Head of Household is elderly or disabled, there are additional deductions.

1. **Total of all income** from all sources each month: _____
Use your gross income, before taxes or other deductions.
Include income you receive on behalf of a child (Social Security, SSI, TANF, etc.)
Do NOT include financial aid for college OR wage income of minors.

2. Multiply Line 1 by 12. This is your **gross annual income**. _____

3. Enter \$480 **per dependent**. (Example: 2 children x \$480 = \$960) _____

4. Enter your **annual child care** costs so you can work or attend school. _____

5. Subtract Lines 3 and 4 from Line 2. This is your **adjusted gross annual income**. _____

6. Multiply Line 5 by 30% (0.3). _____

7. Divide Line 6 by Line 12. This is your estimated “**Total Tenant Payment**” (rent + utilities). _____

We also have optional “ceiling rents” you can use if the rent based on your income would be close to the Fair Market Rent (FMR) in this area for your bedroom size.

FLAT RENT AMOUNTS FOR 2020

BEDROOMS	80% OF FMR	UTILITY ALLOWANCE	FLAT RENT
2	\$1,085	69	\$1,016
3	\$1,410	76	\$1,334
4	\$1,702	83	\$1,619

SAN MARCOS HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY PROGRAM APPLICATION

For Office Use Only	Bedroom Size: _____	Rec'd: _____	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 this application, call the FSS Office at 512-396-3364.

Head of Household: _____ SSN: _____

Residence Address: _____

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
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: _____ Earnings per Week: _____

Address: _____ Work #: _____

Start Date: _____

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 earn it? _____

If you do not have a high school diploma or GED, have you ever enrolled or participated in a program to earn 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	Caregiver 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 have become legal issues
<input type="checkbox"/> I use credit cards		

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 FSS participant, 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 our FSS Program before? Yes _____ No _____

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

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION. CONTACT US IF YOU CHANGE YOUR ADDRESS, PHONE NUMBER, OR EMAIL ADDRESS. WHEN WE ANTICIPATE VACANCIES, THE FSS COORDINATOR WILL CONTACT YOU TO OBTAIN ADDITIONAL INFORMATION BEFORE SUBMITTING YOUR APPLICATION TO THE FSS SCREENING COMMITTEE. IF YOU ARE APPROVED FOR THE PROGRAM, YOU WILL BE INVITED TO SUBMIT A PUBLIC HOUSING APPLICATION. YOU ARE NOT ADDED TO OUR OFFICIAL WAITLIST UNTIL WE RECEIVE THAT APPLICATION.

SIGNATURE OF APPLICANT

DATE SIGNED

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