

# Family Self-Sufficiency Application

NAME	DATE
MAILING ADDRESS	
CITY	ZIP CODE
PHONE	MESSAGE PHONE
DATE OF BIRTH	SOC.SEC. #

## CHILDREN

NAME	DATE OF BIRTH
NAME	DATE OF BIRTH
NAME	DATE OF BIRTH
NAME	DATE OF BIRTH
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## PERSONAL INFORMATION

Did you graduate from **High School**? Yes  No  Did you get a **GED**? Yes  No

Did you go to **College**? (Include Vocational Training) Yes  No

Did you finish? Yes  No  When did you go? (Dates) \_\_\_\_\_

Number of **Credit Hours** \_\_\_\_\_ What did you take? \_\_\_\_\_

Are you **working now**? Yes  No  **Where?** \_\_\_\_\_

**Type of Job** \_\_\_\_\_ **Hours per week** \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_

What is your **TOTAL Monthly Income**? \_\_\_\_\_ **List Source(s)** (include AFDC, work, child support, SSI, and other) \_\_\_\_\_

Have you also applied for **Housing Assistance**? Yes  No  (This application is for *Family Self-Sufficiency*, please fill out a *Housing Authority* application as well.)

Are you currently receiving **Housing Assistance**? Yes  No  (If yes, from what agency?) \_\_\_\_\_

\_\_\_\_\_ Have you received Housing Assistance **in the Past**? Yes  No

(If yes, from what agency?) \_\_\_\_\_

**OVER ↓**

## PERSONAL STATEMENT

THIS SECTION IS YOUR OPPORTUNITY TO LET US KNOW ABOUT *YOU*  
AND THE KINDS OF THINGS THAT YOU HAVE ALREADY ACHIEVED ON YOUR OWN.

What kind of work would you like to do? \_\_\_\_\_

Do you plan to go back to school? **Yes**  **No**  **Field of Study?** \_\_\_\_\_

What do you see as your greatest barriers to self-sufficiency? \_\_\_\_\_

Why do you think you should be selected for the Family Self-Sufficiency Program? \_\_\_\_\_

Please **check** each of the **activities** in which you have been involved:

\_\_\_\_\_ Parenting Classes                      \_\_\_\_\_ Personal Counseling                      \_\_\_\_\_ Family Counseling

\_\_\_\_\_ Drug and Alcohol Counseling                      \_\_\_\_\_ Career Assessment/Planning

\_\_\_\_\_ Household Management Classes                      \_\_\_\_\_ Other (specify) \_\_\_\_\_

Please provide a **LETTER OF REFERENCE** (From a counselor, employer, minister, etc., whom you feel can comment on your character and interest in becoming self-sufficient).

When openings are available in Family Self-Sufficiency, we will contact you by letter for an interview. Please notify us if your address changes! Family Self-Sufficiency maintains a waiting list of applicants when no spaces are available.

**FAMILY SELF-SUFFICIENCY APPLICATIONS** may be returned to:  
Self-Sufficiency Center, Joy Kipp, LSW  
Self-Sufficiency Coordinator  
Pioneer Manor, 201 11<sup>th</sup> St. North  
Fargo, ND 58107-0430

If you have any questions, please call Joy Kipp at 237-6355.