



Stanislaus Regional Housing Authority

ALPINE | AMADOR | CALAVERAS | INYO | MARIPOSA
MONO | STANISLAUS | TUOLUMNE COUNTIES

Family Self-Sufficiency Program Participant Application Form

- I am a current participant under the Section 8 Housing Choice Voucher Program.
- I am a current participant under the Public Housing Program.

Head of Household : _____

By completing this form, I am expressing interest in participating in the Family Self- Sufficiency Program. I understand by completing this Application, my name may be placed on the FSS waitlist if a vacant slot is not available. The FSS program is open to all eligible individuals and families, 18 years of age and older, regardless of sexual orientation, gender identity, or marital status.

Personal Information for FSS Designated Head of Household (Please Print Legibly):

Name: _____ Primary Contact Number: _____

(Designated FSS Head Household)

e-mail Address: _____ Alternate Contact Number: _____

Mailing

Address: _____

Please check-mark all forms of federal assistance which the family is receiving:

() TANF (Welfare) () SNAP (Food Stamps) () WIC () JOBS () None of the above

() Other: _____

Have you or any household member, previously participated in the FSS Program? ___ Yes ___ No

If YES, what was the date of participation: _____

Are you currently employed? ___ Yes ___ No If yes, Name of Employer: _____

If employed, how long have you worked at your job? _____ Job Title: _____

Are any members of your household employed? ___ Yes ___ No

Name(s) of additional adult family member(s) who are currently employed:

Signature: _____ Date: _____

(Designated FSS Head of Household)

Families will be notified in writing, via US Postal Service, or via e-mail, regarding the status of their selection. For information related to the Family Self-Sufficiency Program, please contact Veronica Esparza at 209-557-2027 or Alyssa McCoy-Gaines at 209-557-2040

