
 First Name M.I. Last Name

 First Name (Spouse/Co-head) M. I. Last Name

Date of Birth: _____ Gender: Female Male

Spouse D.O.B: _____ Gender: Female Male

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Total Number of People in Household: _____ How Long at Current Address: _____

Employer: _____ Job Title: _____

Spouse: _____ Job Title: _____

Rank the Following Statements from 1-5, in Order of Importance to YOU and your Family:

5-Most Important 1-Least Important

- _____ Cable Television
- _____ Vacation
- _____ Stable Place to Live
- _____ Paying My Bills on Time
- _____ Emergency Savings

Tell if YOU Agree (A), or Disagree (D), with the following statements. If you Neither (N) agree, nor disagree, write (N). If a statement doesn't apply to you, put N/A.

- _____ I believe that hard work now will pay off later
- _____ I think it's OK to skip paying a bill every now and then
- _____ I am responsible for keeping my children safe and secure
- _____ I believe that education open doors to better employment
- _____ I work hard on my job so that I can earn promotions/pay increases
- _____ I think it's OK to pay my rent late, as long as I'm willing to pay a late fee
- _____ It's important that my children have everything that they want
- _____ It's important that I keep my word with people
- _____ Having good credit is not important to me right now
- _____ I believe that communication is important when taking care of business

What is one achievement that makes you proud? (Not a person or people)

What is one thing you need to do to be comfortable/financially secure, in your life now and in the future?

I agree to attend an FSS Orientation if selected for enrollment.

I agree to complete a Financial Literacy class within 6 months of enrolling in FSS.

I agree to sign a Contract of Participation (COP) for FSS, and to abide by the terms of the COP. The COP includes complying with the terms of my lease with JHA.

I agree to attend all appointments with my FSS Coordinator, and any service providers.

I agree to work towards an ultimate goal of achieving economic self-sufficiency. I agree to not give up on myself or my family in this process.

I understand that this information is for screening purposes for the FSS program only. Denial into the program does not affect my Public Housing eligibility.

If accepted into FSS, you will be notified by phone or mail. If you do not respond to letter of acceptance within 10 days from date on letter, we will go to the next applicant. All denials will receive notification by mail within 10 days of decision. Letter will state reason for denial into FSS.

Applicant's Signature

Date

Spouse/Co-Head

Date

FSS PROGRAM COORDINATOR ONLY

Signature

Date

Applicant Accepted in FSS: Yes No Refused Unit

If not accepted into FSS, OR, refused unit, state reason: _____

Move-In Date: _____

Address: _____

Additional Comments:

Jackson Housing Authority

PUBLIC HOUSING FAMILY SELF-SUFFICIENCY PROGRAM SURVEY

What is the highest grade of education that you have completed? _____

What is the total annual income for your household? _____

Do you or any member of your household receive AFDC? _____

If so, what is the monthly amount? _____

Do you receive food stamps? _____

If so, what is the monthly amount? _____

Do you or any member of your household have TennCare? _____

What company is your provider? _____

Are you married, single, divorced, separated, widowed, other? _____

Race: Black, White, American Indian, Hispanic, Asian, other? _____

Ethnicity: Hispanic or Non-Hispanic? _____

What dollar amount do you pay towards your monthly rent? _____

Name of Head of Household: _____ Age: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Emergency Number: _____

Spouse/Co-Head's Name: _____ Age: _____

Social Security Number: _____ Date of Birth: _____

Signature

Date

Signature of Spouse/Co-Head

Date



Jackson Housing Authority

FAMILY SELF-SUFFICIENCY PROGRAM
NEEDS ASSESSMENT QUESTIONNAIRE

- 1. Describe your household: Single-no children, single parent with child(ren), married couple, married couple with/without child(ren), grandparent with child(ren) and or grandchildren, unrelated adults, elderly/disabled, or other:
2. Please list all family members and their age that will be living in your housing unit, including the head of household and the highest level of education completed.

Table with 4 columns: Family Member's Name, Sex/Age, Relationship, Highest Level of Education. Includes multiple blank rows for data entry.

- 3. Are you or any other adult family members employed? Yes No
If yes, list family member's name, job and rate of pay per hour for jobs held in the last 12 months. Please list the most current job first.

FAMILY MEMBER EMPLOYER RATE OF PAY (INDICATE PER HOUR/WEEK)
\$ per
Dates of Employment to Job Title:

FAMILY MEMBER EMPLOYER RATE OF PAY (INDICATE PER HOUR/WEEK)
\$ per
Dates of Employment to Job Title:

FAMILY MEMBER EMPLOYER RATE OF PAY (INDICATE PER HOUR/WEEK)
\$ per
Dates of Employment to Job Title:

4. Do you have an open checking account? YES NO (If yes, list name of bank)

5. Do you have an open savings account? YES NO (If yes, list name of bank)

6. How would you & your spouse (if applicable) describe your credit on a scale of 1 to 5, with 1 being the worst and 5 being excellent?
Your Name _____ Credit Rating (1-5): _____
Spouse's Name _____ Credit Rating (1-5): _____
7. What circumstances or situations do you feel have contributed to your credit being as it exists? _____

8. Have you ever filed bankruptcy? YES NO If yes, when did you file? _____
9. What is the status of your bankruptcy case? _____
10. If you have filed bankruptcy, have you established any new credit/accounts? YES NO If yes, please list creditor's name(s) _____
11. Are you goal oriented? YES NO
12. What does Self-Sufficiency mean or look like to you? _____

13. Of the following items listed, which 4 do you feel would help you MOST, in moving towards economic self-sufficiency? In other words, which 4 will help you get to what you described in question #12?

Job Placement _____ Job Skills _____ Computer Skills _____ Job Search _____
 High School Diploma/GED _____ Vocational/Technical Certification _____ Legal Counsel _____
 College Degree _____ Better Paying Job _____ Credit Counseling _____ Credit Restoration _____
 Transportation _____ Child Care _____ Owning your Own Home _____ Stable Employment _____
 HealthCare _____ Substance Abuse/Mental Health Counseling _____ Money Management _____
 Debt Paid in Full _____ Debt Paid Down _____ Child Support _____ Nothing _____
 Other _____
 Other _____

14. How urgent is it that you get to, or that you look like what you described in question #12?
 _____ Not urgent at all
 _____ Somewhat urgent
 _____ A little urgent
 _____ Quite urgent
 _____ Extremely urgent

15. I am willing to _____

 to look like what I described in question #12.

GOALS / ACTIVITIES & SERVICES JHA STAFF WILL COMPLETE WITH PARTICIPANT

GOAL	TARGET DATE	GOAL	TARGET DATE
Homeownership		Maintain suitable income/employment	
Restore Credit		Maintain provisional employment	
Develop & execute budget (yearly)		Obtain a job	
Obtain copies of credit report		Permanent/full-time employment	
Open a checking account		Increase wages	
Open a savings account		Be employed 12 consecutive months	
Become free of public assistance		Enroll in GED program	
Complete college degree		Obtain GED	
Maintain childcare		Obtain transportation	
Homeownership counseling/training		Personal Counseling	
Other		Other	
Other		Other	

NOTES/COMMENTS:

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Person Conducting Needs Assessment: _____ Date: _____

MEDIA RELEASE FORM

I, _____, grant permission to _____, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines
 - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 20 years of age)



Monthly Budget

For: _____

Date: _____

EXPENSES

HOUSEHOLD

Rent/Mortgage \$ _____
 Utilities (electric, gas, trash, water) \$ _____
 Cable/Satellite TV and Internet \$ _____
 Telephone and Long Distance \$ _____
 Cell Phone \$ _____
 Other Household Expenses \$ _____
TOTAL \$ _____

FOOD

Groceries \$ _____
 Lunches and Snacks \$ _____
 Eating Out \$ _____
TOTAL \$ _____

TRANSPORTATION

Car Payment \$ _____
 Insurance \$ _____
 Gasoline \$ _____
 Maintenance and Repairs \$ _____
 Public Transportation \$ _____
 Other (parking, tolls) \$ _____
TOTAL \$ _____

HEALTHCARE

Doctor \$ _____
 Dentist \$ _____
 Prescriptions \$ _____
 Medical Insurance \$ _____
 Other Healthcare Expenses \$ _____
TOTAL \$ _____

INCOME

Take Home Pay \$ _____
 Allowance \$ _____
 Gifts \$ _____
 Part-time Jobs and Chores \$ _____
 Other Sources \$ _____
TOTAL \$ _____

LOOKING GOOD

Clothes and Shoes \$ _____
 Toiletries \$ _____
 Laundry and Cleaners \$ _____
 Hair Care \$ _____
 Other Looking Good Expenses \$ _____
TOTAL \$ _____

JUST FOR FUN

Movies/Games/Concerts \$ _____
 Dates/Trips \$ _____
 Music Purchases \$ _____
 Books/Magazines/Newspaper \$ _____
 Hobbies \$ _____
 Other \$ _____
TOTAL \$ _____

MISCELLANEOUS

Credit Card \$ _____
 Savings and Investments \$ _____
 Education (tuition, books, fees) \$ _____
 Gifts and Charity \$ _____
 Pets \$ _____
TOTAL \$ _____

GRAND TOTAL

TOTAL ALL INCOME \$ _____
 Subtract - _____
TOTAL ALL EXPENSES \$ _____
BOTTOM LINE \$ _____



- Divide annual income and expenses by 12 to get a monthly figure.
- Some expenses (like utilities) will change throughout the year, so use a monthly average.