

FAMILY SELF-SUFFICIENCY	PRE-SCREENING FORM	JACKSON HOUSING AUTHORITY
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\_\_\_\_\_  
 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)

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

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\_\_\_\_\_ 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 Housing Choice Voucher eligibility.

If denied acceptance into the FSS program, you will receive notification by mail within 10 days of decision. Your 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

If not accepted, state reason: \_\_\_\_\_

\_\_\_\_\_  
Additional Comments: