

Resident Opportunities & 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)

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

_____ 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 ROSS, 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

ROSS-SERVICE COORDINATOR ONLY

Signature

Date

Applicant Accepted in FSS: Yes No

If not accepted, state reason: _____

Additional Comments: