

# MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301  
Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900



<b>For MCHA use only:</b>	
Date Entered on FSS WL: _____	Date Received: _____
Staff Initials: _____	

**NOTE: ONLY CURRENT HOUSING CHOICE VOUCHER PROGRAM PARTICIPANTS (CURRENTLY RECEIVING RENTAL ASSISTANCE) ARE ABLE TO BE ENROLLED IN THE SELF-SUFFICIENCY PROGRAM.**

## Family Self-Sufficiency Program Application

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.

**▶ PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY ◀**

Head of Household Name:			Last 4 of SSN:
PHYSICAL Address:	City:	State:	Zip Code:
MAILING Address (if different from physical address)	City:	State:	Zip Code:
Phone:	Msg Phone:	E-Mail:	
How did you hear about the Family Self-Sufficiency Program?			

### CURRENT PROGRAM PARTICIPANT:

- Housing Choice Voucher (Section 8)
- VASH
- Project Based Voucher

### Do you live in any of the following properties?

- Meadowood
- Woodpark Terrace
- Hazelwood Estates
- Creekside Duplexes
- Sheridan Senior Estates
- Stayton Elder Manor
- Edelweiss Village



## COMMUNICATION PREFERENCES

- What is your primary language:  speak  read  write Do you require an interpreter?  Yes  No
- Do you have Internet access?  Yes  No
- What is the best way to reach you?  Phone  E-mail  US Mail

## PROGRAM PREFERENCES

Check "✓" one (1) of the boxes below

- I am new to the Self-Sufficiency Program
- I am currently enrolled in the Family Self-Sufficiency program and am porting to MCHA from another housing authority
- I have previously participated in the Family Self-Sufficiency program without successful completion
- I have previously participated in the Family Self-Sufficiency program and successfully completed with an escrow

## SUPPORT SERVICES

- Is childcare needed for you to work or pursue work, attend school, workshops or job training programs?  Yes  No
- Do you have a disability that requires an accommodation?  Yes  No
- Do you have reliable transportation to get to and from classes, workshops, trainings, job site, etc.?  Yes  No

## SKILL HISTORY

- Are you currently enrolled/participating in any of the following activities or any other type of skill building program?  No  Yes
- School  Workshops  Job training program  Apprenticeship  Other: \_\_\_\_\_

What is the highest level of education you completed? \_\_\_\_\_

**LOOKING AHEAD**  
Check "✓" any that interest you

What are the areas that you are interested in, in order to be successful in the self-sufficiency program?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> GED/High School Diploma           | <input type="checkbox"/> Credit Repair                 | <input type="checkbox"/> Certificate or Associates' Degree |
| <input type="checkbox"/> Apprenticeships/Trades            | <input type="checkbox"/> Job Search                    | <input type="checkbox"/> Career Exploration                |
| <input type="checkbox"/> Household Budget/Money Management | <input type="checkbox"/> Interview Skills              | <input type="checkbox"/> Parenting Education               |
| <input type="checkbox"/> Hands-on Job Training             | <input type="checkbox"/> Bachelor's or Master's Degree | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> English as a second language      | <input type="checkbox"/> Computer Training             | <input type="checkbox"/> Full-time Employment              |
| <input type="checkbox"/> Home Ownership                    | <input type="checkbox"/> Other: _____                  |  |

**ABOUT YOU**

Briefly, tell us why do you want to participate in the Family Self-Sufficiency Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to know about you & your family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
DATE



**COMPLETED APPLICATION MAY BE RETURNED TO OUR OFFICE VIA:**

- **US MAIL TO:** 2645 PORTLAND RD NE SUITE 200, SALEM OR 97301
- **E-MAIL IN PDF FORMAT TO:** [FSS@MCHAOR.ORG](mailto:FSS@MCHAOR.ORG)
  - MAKE SURE FRONT AND BACK PAGES ARE ATTACHED AND LEGIBLE
    - IF YOU HAVE A SMART PHONE, THERE ARE FREE APPS YOU CAN DOWNLOAD TO TAKE A PICTURE AND CONVERT THIS FORM INTO A PDF. IN YOUR APP STORE, SEARCH FOR "SCANNER".
- **FAX TO:** 503-798-4171 **ATTN: FSS**

**ONCE YOUR APPLICATION IS RECEIVED YOU WILL BE PLACED ON THE FAMILY SELF-SUFFICIENCY WAITLIST AS OF YOUR ORIGINAL APPLICATION DATE AND TIME. YOU WILL BE CONTACTED ONCE YOU ARE SELECTED TO ENROLL IN THE FAMILY SELF-SUFFICIENCY PROGRAM.**