



# Housing Authority of the City of Alameda

701 Atlantic Avenue, Alameda, CA 94501 ~ Phone: (510) 747-4300 ~ Fax: (510) 522-7848 ~ TDD: (510) 522-8467 ~ Web: www.alamedahsg.org

## THE FAMILY SELF-SUFFICIENCY PROGRAM

### Self-Survey and Application

*Please provide us with the following information, which will be kept confidential.*

Name \_\_\_\_\_ Home phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
 Apt #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Internet access?  No  Yes  
 Zip Code: \_\_\_\_\_ Email Address \_\_\_\_\_

- How many people are in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children
- Does any member of your household have a disability?  Yes  No
- Do you currently have **Section 8 Rental Assistance**?  No  Yes, If yes, please provide Name, City & State of the Housing Authority/Community Agency providing your rental assistance:  
 \_\_\_\_\_

- What type(s) of income/benefits does your household receive? (Check all that apply)  
 Self-Employment/Own my own business (state type of business) \_\_\_\_\_  
 Yearly Gross Income from Self-Employment/Business: \_\_\_\_\_  
 Employment: \_\_\_\_\_ Employer \_\_\_\_\_  
 Hours per week? \_\_\_\_\_ Name & City \_\_\_\_\_  
 Position/Job Title? \_\_\_\_\_  
 Benefits from work?  Medical  Retirement  Other  None  
 Cal-works  General Assistance  SSI/SSA  Child/Family support  Food stamps/SNAP  
 Unemployment  Medicaid/MediCal  Other \_\_\_\_\_

- What is the best way to reach you?  Phone  E-mail  Regular mail  
 If by phone, when is the best time to call? \_\_\_\_\_  
 May we call you at work? \_\_\_\_\_ When? \_\_\_\_\_

6. Highest Grade Completed or Diploma/GED?: \_\_\_\_\_ City/State \_\_\_\_\_
7. Is Child Care needed for you to work or pursue educational program? \_\_\_\_\_ What type of care needed?  All Day  Mornings  
 Afternoons  Evenings
8. Do you currently attend any education or training programs?  Yes  No
- If yes, where are you studying? \_\_\_\_\_
- When did you begin? \_\_\_\_\_ When will you finish? \_\_\_\_\_
9. Have you ever participated in a formal job training program?  Yes  No
- If yes, please explain: \_\_\_\_\_
10. What kind of experiences / services do you need to become self-sufficient? (Check all that apply)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> GED / High School Diploma  | <input type="checkbox"/> Certificate or Associates' Degree | <input type="checkbox"/> Computer Training   |
| <input type="checkbox"/> Apprenticeship/Trades      | <input type="checkbox"/> Career Exploration                | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Financial Assistance       | <input type="checkbox"/> Money Management / Credit repair  | <input type="checkbox"/> Employment          |
| <input type="checkbox"/> Hands-on Job Training      | <input type="checkbox"/> Job Search / Interview skills     | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> English as Second Language | <input type="checkbox"/> Bachelor's or Master's Degree     | <input type="checkbox"/> Other               |
11. How did you hear about the Family Self-Sufficiency Program?  
\_\_\_\_\_  
\_\_\_\_\_
12. Why do you want to participate in the Family Self-Sufficiency Program?  
\_\_\_\_\_  
\_\_\_\_\_
13. The FSS Program requires monthly contact with FSS Coordinator and participation in FSS events and workshops. Would this pose a problem for you?  Yes  No
14. If you live in Alameda, are you interested in moving to another town?  Yes  No
15. Are you interested in homeownership?  Yes  No
16. Would you like to be added to our e-mail?  Yes  No

**Please return this completed application to:**

Kara Korbelt, Housing Programs Coordinator  
Housing Authority of the City of Alameda  
701 Atlantic Avenue  
Alameda, CA 94501-2161  
Or fax to **(510) 864-0879**