

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



For MCHA use only:	
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:	<input type="checkbox"/> speak	<input type="checkbox"/> read	<input type="checkbox"/> write	Do you require an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Internet access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
What is the best way to reach you?	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	<input type="checkbox"/> 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
 - 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.