



Strengthening Homes,
Communities
and Lives

www.rupco.org

Family Self-Sufficiency Program Application

Household Information

Full Name:		Date:	
Address:			
Phone:		Email:	
DOB:		SSN:	
No. Adults/Minors:		Level of Education:	
Employment Status:		Ability to Work?:	

Employment Information

Most Recent Employer:	
Position Held:	
Term of Employment:	
Pay Rate:	
Hours per week:	
What you enjoy/enjoyed in this job:	
What you did/do <u>not</u> enjoy in this job:	
What sustainable career can you see yourself enjoying in the future?	

Please check off any of the following areas you would like assistance with:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Employment/Training | <input type="checkbox"/> HSE/TASC | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Home Ownership | <input type="checkbox"/> College Degree | <input type="checkbox"/> Child Care | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Transportation | <input type="checkbox"/> OTHER: _____
(Specify) |

For Office Use Only:

DATE RECEIVED: _____ DATE CONTACTED: _____ WAITLIST: YES NO