



The FSS Program is open only to persons currently living in CMHA public housing or who have a CMHA Housing Voucher. (This is not an application for CMHA housing.)

Family Self-Sufficiency (FSS) Program Pre-Enrollment Form

Thank you for your interest in CMHA’s FSS Program! All sections of this form must be completed to place your name on our FSS wait list. You will be contacted by an FSS Coordinator when you are eligible to attend an FSS orientation session. Family Self-Sufficiency Program slots are limited, and completion of this form is not a guarantee by Columbus Metropolitan Housing Authority of your acceptance into the program.

Date:	
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Please check one:

<input type="checkbox"/> I have a CMHA Housing Choice Voucher (Section 8)	
<input type="checkbox"/> I currently live in CMHA public housing	CMHA Community Name: _____

Name:				Last 4 digits of SSN:	
Address:				Apt./Unit:	
City				Zip Code:	
Home Phone:		Cell Phone:		Best time to call:	
Email Address:					
Your Age		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Total in household under age 18	Total age 18 or older

1. Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer		
Job Title		
Total income from employment you earned in the last 12 months	\$ _____	

2. Do you receive SSI/Social Security Disability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is anyone in your household receiving cash assistance (TANF/OWF)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing and able to seek and maintain employment within the next 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. If you were to enter the FSS Program, what are 2-3 self-sufficiency goals that you would like to accomplish?

Return completed application by mail, e-mail, or fax to:

CMHA FSS Program, 880 E. 11th Ave., Columbus, OH 43211 Fax: 614-340-4271

Public Housing residents: Margie Rihn, mrihn@cmhanet.com

HCV residents: Andréa Rankin, arankin@cmhanet.com

FOR FSS OFFICE USE

Client Number:		Recertification Month:	
Applicant in good standing with CMHA <input type="checkbox"/> Yes <input type="checkbox"/> No			
FSS Coordinator Initials:		Date:	