



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

Family Self-Sufficiency (FSS) Program Waitlist Application

This is not an application for CMHA Housing

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.

Participation in the CMHA FSS Program is voluntary. All Housing Choice Voucher participants and Public Housing resident, except for Shelter Plus care, are eligible to participate in the FSS program without regard to race, creed, gender, color, age, disability, familial status, sexual orientation or national origin.

Date:

<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: <input type="text"/>

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

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

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?
<input type="text"/>
<input type="text"/>
<input type="text"/>

Return completed application in-person, by mail, or fax to:
CMHA FSS Program, 880 E. 11th Ave., Columbus, OH 43211 Fax: 614-340-4271

Submit for HCV

Submit for PH

FSS Office Use Only:

Tenant #:	<input type="text"/>	Recertification Month:	<input type="text"/>
Applicant in good standing with CMHA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Type:	PH PBV HCV
FSS Staff Initials:	<input type="text"/>	FSS Date	<input type="text"/>