

Family Self Sufficiency Application

Housing Authority of Billings Section 8 program

Name: _____

Please print!

Address _____ Zip _____

Phone: _____ Cell: _____ Message Phone: _____

Social Security Number _____ Birthday: _____ Age: _____

Do you have a High School Diploma or GED? _____ yes _____ no

Do you attend college or other higher education program? _____ yes _____ no

Do you need childcare to work? _____ yes _____ no

List All Household Members:

Names: (Full Name) Date of Birth Male or Female

1. _____
2. _____
3. _____
4. _____
5. _____

Are you Employed: Yes _____ No _____ Full-Time _____ Part-Time _____

If yes: Rate of Pay \$ _____ Per _____ Hr

Do you need job training or help finding employment? _____ yes _____ no

I certify that the information furnished by me for the FSS program is true to the best of my knowledge. I am a current Section 8 participant. I understand this statement and realize all information is confidential:

Signed: _____ Date: _____

For additional information, please call Teddi at 237-1911