

**HOUSING CHOICE VOUCHER  
FAMILY SELF-SUFFICIENCY APPLICATION**



All responses are confidential. Information will be used to help develop your self-sufficiency plan.

What PHA/Agency is your Housing Choice Voucher? \_\_\_\_\_

**A. PERSONAL INFORMATION**

Date \_\_\_\_\_

1. Applicant's Legal Name (Last, First, MI)

\_\_\_\_\_

2. Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3. Address (Street, City, State, Zip)

\_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

6. Race: (For statistical purposes)  Black  White  Hispanic  American Indian

Asian or Pacific Islander  Other

7. Marital Status:  Married  Single  Separated  Divorced  Widowed

8. Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

9. Emergency Phone Contact – Name and Telephone Number:

\_\_\_\_\_

**B. EDUCATION**

10. Highest Grade Completed: \_\_\_\_\_ Date Last Attended School: \_\_\_\_\_

11. Name of School: \_\_\_\_\_

12. Did you graduate? \_\_\_\_\_ If no, do you have your GED? \_\_\_\_\_

13. Are you presently enrolled in: \_\_\_ GED classes \_\_\_ College \_\_\_ Vocational School

14. If yes, please list the name of the program and where and when you take classes:

\_\_\_\_\_

15. Have you ever been enrolled in training, vocational or college courses? \_\_\_ Yes \_\_\_ No

If yes, what courses were taken: \_\_\_\_\_

\_\_\_\_\_

If you did not complete the course, please explain why: \_\_\_\_\_

\_\_\_\_\_

C. SERVICES AND BENEFITS

16. Are you receiving any of the following: Please list the actual amount you receive each month:

\$\_\_\_\_\_ TANF    \$\_\_\_\_\_ Social Security    \$\_\_\_\_\_ SSI    \$\_\_\_\_\_ Unemployment

\$\_\_\_\_\_ Child Support    \$\_\_\_\_\_ Food Stamps    \$\_\_\_\_\_ Workman's Compensation

\$\_\_\_\_\_ Other (Explain) \_\_\_\_\_

Do you have any comments about these providers?: \_\_\_\_\_

\_\_\_\_\_

17. Do you have health insurance for yourself and your children? Please circle the type of insurance you receive:

**Self:** Insurance through my job / Medicaid / No health insurance

**Children:** Insurance through my job / Medicaid / FAMIS / No insurance / Through another source

D. WORK EXPERIENCE

18. Please attach a copy of your resume. **IF YOU DO NOT HAVE A RESUME, please list your current job.** If you are not currently employed, fill in the information from your most recent job:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Your work schedule: (For example: Mon: 8 am – 3 p.m)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How long have you worked here: \_\_\_\_\_

19. Please have your spouse or other working member of the household over 18 complete:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Hours your work. For example: Mon: 8 am – 3 p.m

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How long have you worked here: \_\_\_\_\_

20. If you have not attached your resume, please list the previous jobs you have held. If you have never been employed, write N/A.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Avg. # Hours a Week \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Describe the type of work you performed: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Avg. # Hours a Week \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Describe the type of work you performed: \_\_\_\_\_

\_\_\_\_\_

21. Are there any reasons that would prevent you from starting a job now? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

E. HOUSEHOLD COMPOSITION

22. List the people living in your household:

Name (last, first)	Sex	Relationship	Date of Birth	Social Security #

F. CHILD CARE

23. Do you pay child care expenses? \_\_\_ No \_\_\_ Yes If yes, how much do you pay per week? \_\_\_\_\_

24. How many children do you have in child care? \_\_\_\_\_

25. Please list their names, ages and day care provider:

Child's Name (Last, First)	Age	Child Care Provider

26. Do you receive assistance paying your child care expenses? \_\_\_ No \_\_\_ Yes.

If yes, circle all that apply: TANF Working Day Care VIEW Day Care Fee Based Day Care

Father helps pay Grandparents help pay Other \_\_\_\_\_

27. Are you on any waiting lists for child care assistance at the Department of Social Services or any other agencies such as SERVE? \_\_\_ No \_\_\_ Yes

G. MONEY MANAGEMENT

28. Are you able to pay all your monthly expenses? \_\_\_No\_\_\_ Yes

29. Do you have any loans? \_\_\_No\_\_\_ Yes If yes, what type (i.e. car, credit card, personal, student, furniture, etc.): \_\_\_\_\_

Are you paying on the loan(s) \_\_\_No\_\_\_ Yes. If yes, please list each loan and how much you pay each month on the loan (for example, car \$250, student \$50, credit card \$100, furniture \$50)

Are you in default on any loans (i.e. you have loans but are not paying them) ? \_\_\_No\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

30. Do you have any judgments against you? \_\_\_ No \_\_\_ Yes

If yes, please explain: \_\_\_\_\_

31. Have you ever filed for bankruptcy? \_\_\_No\_\_\_ Yes

If yes, when and where did you file: \_\_\_\_\_

32. Do you have a copy of your credit report? \_\_\_No\_\_\_ Yes IF YES, PLEASE ATTACH A COPY.

H. LEGAL ISSUES

33. Are you presently having any legal problems? \_\_\_No\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

34. Do you have a lawyer? \_\_\_No\_\_\_ Yes Lawyer's name: \_\_\_\_\_

35. Have you had any legal problems in the past that you still deal with today? \_\_\_No\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

Do you have a probation/parole officer? \_\_\_No\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

PLEASE READ AND SIGN BELOW

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that the Housing Assistance Program will verify the statements herein.

Signatures:

_____	_____	_____
Applicant	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Mail application to:  
Virginia Housing  
P.O. Box 4545  
Richmond, VA 23220

Visit website to download and print FSS application  
[VirginiaHousing.com/renters/housing-choice-voucher-program](http://VirginiaHousing.com/renters/housing-choice-voucher-program)

or email to [FSS@virginiahousing.com](mailto:FSS@virginiahousing.com)