



MS-9870  
 200 S Center Street – Building 1  
 P.O. Box 1466  
 Mesa, AZ 85211-1466  
 Office (480) 644-3536  
 Fax (480) 644-2923  
 Lobby Hours: Monday-Thursday 7:00 a.m.-5:30 p.m., closed Friday

mesaaz.gov

## FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INTEREST FORM and APPLICATION

**for current City of Mesa Voucher rental assistance program participants**

Head of Household Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_, Mesa, Zip \_\_\_\_\_

Have you previously participated in FSS program?  Yes  No

If yes, where/when? \_\_\_\_\_

I am interested in participating in the FSS Program. Schedule me for the mandatory **FSS Briefing session**. I understand that failure to attend an FSS Briefing will result in my name being removed from the waiting list for FSS participation.

*Check all that apply:*

- I work  full time  part time  I am a student  full time  part time  
 daytime  evening  daytime  evening  
 I am unemployed at this time

I have completed the attached **Personal Data and Goals form** (which will be required for enrollment.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

#### FSS Coordinator Checklist for NEW APPLICANT

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Received Application &amp; Goals form</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Placed on FSS waiting list</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Notice of FSS Briefing on _____ mailed</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Applicant attended FSS Briefing</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Enrollment/ITSP Appointment on _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Assess/Plan with applicant – ITSP</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> <b>Contract of Participation signed</b></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Date	<input type="checkbox"/> Received Application & Goals form	_____	<input type="checkbox"/> Placed on FSS waiting list	_____	<input type="checkbox"/> Notice of FSS Briefing on _____ mailed	_____	<input type="checkbox"/> Applicant attended FSS Briefing	_____	<input type="checkbox"/> Enrollment/ITSP Appointment on _____	_____	<input type="checkbox"/> Assess/Plan with applicant – ITSP	_____	<input type="checkbox"/> <b>Contract of Participation signed</b>	_____	<p>Current Cert. date: _____</p> <p>Annual Inc: \$ _____</p> <p>Earned Inc: \$ _____</p> <p>TTP: \$ _____</p> <p><b>Completed New File Set up:</b></p> <p><input type="checkbox"/> Contract in Elite <input type="checkbox"/> Assign Specialist</p> <p><input type="checkbox"/> Add to FSS Data tracking</p> <p><input type="checkbox"/> Mark HCV file/green folder</p>
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For accommodations, such as braille, large print, or translation, please contact City of Mesa Housing and Community Development at (480) 644-3536, or AzRelay 7-1-1 for those who are deaf or hard of hearing.  
 Si necesita información en español por favor de llamar al 480-644-3536.



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## FSS PERSONAL DATA AND GOALS

Name \_\_\_\_\_ Date \_\_\_\_\_

### Goals

1. List your career goals (job, self-employment) that you would like to accomplish.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. List your education or training goals you would like to accomplish in the future or that you are currently attending.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. List your personal / family goals (need for parenting skills, counseling, life skills, money management, homeownership, etc.).  
 \_\_\_\_\_  
 \_\_\_\_\_
4. List any financial goals (debt payment, budgeting skills, credit rating) that you wish to obtain.  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Other goals your family would like to pursue.  
 \_\_\_\_\_  
 \_\_\_\_\_

### Personal Statement

Describe about your past work experience (mention any special skills), what type of future career you would like to have five years from now, your dreams, and any barriers you face. How can FSS help you?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Current Status**

Years of school completed (*high school completion=12*) \_\_\_\_  H.S. Diploma  GED  Need GED

College / school / training program(s) you have completed **or** are currently attending:

School/Training facility	Degree/certification	Completion date	Current student

Are you currently receiving case management through any other agency?

No  Yes: Name of Agency \_\_\_\_\_

Are you currently employed? No  Yes: Full time  Part time

Date employment began: \_\_\_\_\_ Benefits: Health Insurance  Retirement

Other household members employed? \_\_\_\_\_

Number of children receiving childcare services \_\_\_\_\_

Do you or any household members receive any of the following?

- TANF  AHCCCS / Kids Care  Food Stamps  Social Security or Disability income
- Unemployment income  Child Support  Earned Income Tax Credit

What form of transportation do you use?  Own car  Walk  Bus  Other: \_\_\_\_\_

Do you have a home computer?  No  Yes Email address: \_\_\_\_\_

Do you have internet access at home?  No  Yes  Only on my phone

Are you able to open email attachments?  No  Yes

**What are your other needs?**

- Career planning  Healthcare  Self-employment
- Childcare  Homeownership preparation  Self-esteem
- College  Job training  Substance abuse counseling
- Domestic violence counseling  Mentoring  Support groups
- Employment / Job search  Money management / Credit  Time management
- ESL  Parenting  Transportation
- Food assistance  Personal / Family counseling  Other: \_\_\_\_\_
- GED  Resume writing

**MESA HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY INFORMATION RELEASE**

I authorize Mesa Housing Authority to release general information of my participation in the FSS program. This information may be used for various media sources as FSS newsletters, announcements, brochures, support groups, or to help promote the program, or to coordinate supportive services. This includes, but is not limited to, event photos. Declining to sign below will not affect my participation in the FSS program.

**NAME (print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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