



700 N. Berry Road, Norman, OK 73069  
Phone 405-329-0933 Fax 405-329-2542

"Affordable Housing...with Vision"

### FAMILY SELF-SUFFICIENCY APPLICATION

Date \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact (Name & Phone #) \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced  Widowed  Widower  
Race:  Caucasian  Black  American Indian  Asian/Island Pacific  Other  
Ethnicity:  Hispanic  Non-Hispanic

Please list everyone who is living with you.

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Are any of the above family members children who would require daycare if you are away from the home?  YES  NO If YES, please list them by first name below.

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

How much is your current Daycare expense? \$ \_\_\_\_\_ per  Week  Month

Are there any other adults in the home that may be interested in this program?  YES  NO

If YES, who? \_\_\_\_\_



Check any of the following types of assistance you are currently receiving and indicate how long you have been receiving the assistance.

- |   |  |
|---|--|
| <input type="checkbox"/> TANF for _____   | <input type="checkbox"/> Food Stamps for _____ |
| <input type="checkbox"/> HIRE Program for _____                                       | <input type="checkbox"/> Voc-Rehab for _____   |
| <input type="checkbox"/> Medical Assistance for _____                                 | <input type="checkbox"/> SSI or SSD for _____  |
| <input type="checkbox"/> Daycare Assistance for _____                                 |  |
| <input type="checkbox"/> Other (Please describe and indicate how long received) _____ |  |

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

What are your current sources of income and how much do you receive monthly?

- \_\_\_\_\_ \$ per month \_\_\_\_\_

Please indicate your current educational level (check the last completed level):

- 1  2  3  4  5  6  7  8  9  10  11  12  GED  
 HS Diploma  College  1  2  3  4  Bachelor's  Master's

Are you currently attending classes?  YES  NO If YES, please list your classes and where you are taking them.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**NORMAN**  
**HOUSING**  
**AUTHORITY**

700 N. Berry Road, Norman, OK 73069  
Phone 405-329-0933 Fax 405-329-2542

“Affordable Housing...with Vision”

What is your Major or area of study? \_\_\_\_\_

What classroom training have you received in the past? \_\_\_\_\_

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

Has an agency ever paid for your training?  YES  NO If YES, what was the name of the agency and where was it located?

Agency Name \_\_\_\_\_ Location \_\_\_\_\_

Agency Name \_\_\_\_\_ Location \_\_\_\_\_

Did you complete the training for which they paid?  YES  NO

Have you ever had a student loan(s)?  YES  NO If YES, what is the current status of the loan?  Deferred while in school  Current on payments  In default

Please list any specific skills you have now.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Additional Skills \_\_\_\_\_  
\_\_\_\_\_

What type of work are you interested in doing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you require handicap accessibility?  YES  NO If YES, please explain \_\_\_\_\_  
\_\_\_\_\_



Do you require TDD or TDY?  YES  NO

What is your goal or goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If selected for this program, which of the following services or resources would you need to reach your goal(s)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Daycare Assistance          | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Drug/Alcohol Rehabilitation | <input type="checkbox"/> Education / GED    | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Reading Skills              | <input type="checkbox"/> Math Skills        | <input type="checkbox"/> Job Training      |
| <input type="checkbox"/> Job Preparedness            | <input type="checkbox"/> Job Search         | <input type="checkbox"/> Job Placement     |
| <input type="checkbox"/> Other, please list _____    |   |  |

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

What areas have caused you difficulty in obtaining your goal(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps do you feel would be necessary for you to reach your goal(s) and when do you plan to complete each step?

1. \_\_\_\_\_ By \_\_\_\_\_
2. \_\_\_\_\_ By \_\_\_\_\_
3. \_\_\_\_\_ By \_\_\_\_\_
4. \_\_\_\_\_ By \_\_\_\_\_
5. \_\_\_\_\_ By \_\_\_\_\_
6. \_\_\_\_\_ By \_\_\_\_\_
7. \_\_\_\_\_ By \_\_\_\_\_



Are there any reasons you cannot begin work or training now?  YES  NO If YES, please list them. \_\_\_\_\_

\_\_\_\_\_

Please provide your work history beginning with your current employer, if any, and working backwards from your most recent employment.

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Occupation \_\_\_\_\_ End Date \_\_\_\_\_  
Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
\_\_\_\_\_ Hours per Week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Occupation \_\_\_\_\_ End Date \_\_\_\_\_  
Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
\_\_\_\_\_ Hours per Week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Occupation \_\_\_\_\_ End Date \_\_\_\_\_  
Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
\_\_\_\_\_ Hours per Week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Occupation \_\_\_\_\_ End Date \_\_\_\_\_  
Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
\_\_\_\_\_ Hours per Week \_\_\_\_\_



**NORMAN**  
**HOUSING**  
**AUTHORITY**

700 N. Berry Road, Norman, OK 73069  
Phone 405-329-0933 Fax 405-329-2542

“Affordable Housing...with Vision”

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Occupation \_\_\_\_\_ End Date \_\_\_\_\_

Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

\_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Occupation \_\_\_\_\_ End Date \_\_\_\_\_

Responsibilities \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

\_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Housing Authority of the City of Norman will verify the statements herein, and I have no objections to inquires being made. **(Warning! Section 1001 of Title 18 of the U. S. Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date