



Neighborhood Services  
900 W. Gentry Parkway Tyler, Tx. 75702  
Office (903)531-1303 Fax (903)531-1333

**FAMILY SELF SUFFICIENCY ASSESSMENT QUESTIONNAIRE**

CITY OF TYLER HOUSING AGENCY

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

**A. DEMOGRAPHIC INFORMATION**

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>1. Name</b> (Last, First Middle)		<b>6. Telephone:</b> Home ( ___ ) ___ - ____ Cell ( ___ ) ___ - ____ <b>E-mail Address:</b> _____ Interview time and date will be sent via e-mail
<b>2. Address</b> (Street, City, State, Zip)		
<b>3. Mailing Address</b> (If Different)		
<b>4. Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>5. Race</b> <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	<b>7. Emergency Contact</b> 1. _____ ( ___ ) ___ - ____ 2. _____ ( ___ ) ___ - ____

**B. EDUCATION**

**8. Highest Grade Completed:** (circle or check all that apply)

1 2 3 4 5 6 7 8 9 10 11 12 GED

College 1 2 3 4     Bachelor's Degree

Certificates

1. \_\_\_\_\_

2. \_\_\_\_\_

Master's Degree

Vocational/Technical

Other \_\_\_\_\_

**9. Educational Needs:**

GED

ESL

Certification

Literacy

Vocational/Technical

Licensing

Computer Training

Post Secondary

Other \_\_\_\_\_

## C. EMPLOYMENT

### 10. Employment Status:

- |                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Student   | <input type="checkbox"/> Job Searching |
| <input type="checkbox"/> Part Time  | <input type="checkbox"/> Day Labor | <input type="checkbox"/> Disabled      |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired   | <input type="checkbox"/> Other _____   |

### 11. If Employed: (Circle hour or month for salary)

Salary \$ \_\_\_\_\_ per Hr / Mo

Hours:

- Full Time \_\_\_\_\_ Hrs.  
 Part Time \_\_\_\_\_ Hrs.

Start Date: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Length of Current Employment:

\_\_\_\_\_ Years \_\_\_\_\_ Months

### 12. If Unemployed, Check Employment Needs That Apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Job Training          | <input type="checkbox"/> Job Search Skills      | <input type="checkbox"/> Resume Skills |
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Job Placement Services | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Interviewing Skills   | <input type="checkbox"/> Career Counseling      |  |

### 13. Employment Benefits Offered By Current Employer:

- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Self-Pay       |                                      |

## D. GOVERNMENT ASSISTANCE

### 14. Are You Or A Family Member Currently Receiving Any Of The Following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> TANF                             | <input type="checkbox"/> Food Stamps           | <input type="checkbox"/> SSI/SSDI/Social Security |
| <input type="checkbox"/> Federal Earned Income Tax Credit | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Day Care                 |
| <input type="checkbox"/> Utility Voucher                  | <input type="checkbox"/> JTPA                  | <input type="checkbox"/> BOCES                    |
| <input type="checkbox"/> Medicaid/Medicare                | <input type="checkbox"/> WIC                   | <input type="checkbox"/> Cash Grant               |
| <input type="checkbox"/> Unemployment                     | <input type="checkbox"/> General Assistance    | <input type="checkbox"/> HEAP                     |
|   | <input type="checkbox"/> VESID                 | <input type="checkbox"/> Other _____              |

### 15. Is There A Need For An Assistance Program Listed Above? Yes No

(List Program and Explain)

\_\_\_\_\_

\_\_\_\_\_

**E. CHILD CARE**

16. Do You Pay Childcare Expenses?  Yes (complete below)  No (go to # 17)

Child's Name	Age	Type of Child Care		Hours Per Week	Cost Per Week
		In Home	Outside Home		
1.					
2.					
3.					
4.					

17. If Child Care Is Needed, Please List Child (ren)'s Name(s).

1.	4.
2.	5.
3.	6.

18. Do You Receive Child Support?  Yes  No  Amount \$ \_\_\_\_\_/mo

**F. COUNSELING**

19. Counseling Services Received, Receiving, or Interested In: (Check all that apply)

Counseling Received	Counseling Receiving	Counseling Interested In
<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical
<input type="checkbox"/> Health	<input type="checkbox"/> Health	<input type="checkbox"/> Health
<input type="checkbox"/> Depression	<input type="checkbox"/> Depression	<input type="checkbox"/> Depression
<input type="checkbox"/> Drugs	<input type="checkbox"/> Drugs	<input type="checkbox"/> Drugs
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Life Threatening Disease	<input type="checkbox"/> Life Threatening Disease	<input type="checkbox"/> Life Threatening Disease
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Family Issues	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Motivation	<input type="checkbox"/> Motivation	<input type="checkbox"/> Motivation
<input type="checkbox"/> Stress	<input type="checkbox"/> Stress	<input type="checkbox"/> Stress
<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

## G. SUPPORT SERVICES

### 20. If You Were Selected For This Program, What Support Services Would You Need?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Child Care            | <input type="checkbox"/> Budgeting          | <input type="checkbox"/> Utilities         |
| <input type="checkbox"/> Job Training          | <input type="checkbox"/> Nutrition          | <input type="checkbox"/> Job Retention     |
| <input type="checkbox"/> Math Skills           | <input type="checkbox"/> Food Banks         | <input type="checkbox"/> Credit Counseling |
| <input type="checkbox"/> Education/GED         | <input type="checkbox"/> Drug/Alcohol Rehab | <input type="checkbox"/> Home Ownership    |
| <input type="checkbox"/> Career Counseling     | <input type="checkbox"/> House Keeping      | <input type="checkbox"/> Counseling        |
| <input type="checkbox"/> Computer Skills       | <input type="checkbox"/> Problem Solving    | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Job Search /Placement | <input type="checkbox"/> Transportation     |  |
| <input type="checkbox"/> Reading Skills        | <input type="checkbox"/> Medical Care       |  |
| <input type="checkbox"/> Job Preparedness      | <input type="checkbox"/> Mentoring          |  |

## H. TRANSPORTATION

### 21. Mode of Transportation:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Own Your Vehicle | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Friend/Family    | <input type="checkbox"/> None                |                                      |

### 22. Transportation Needs:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Car Maintenance     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Handicap Accessible |                                      |

## I. VETERAN INFORMATION

### 23. Have You Ever Served in the Armed Forces, If So, Which Branch Of Service?

- |                               |                                    |                                      |  |
|-------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marines   | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Air Force | <input type="checkbox"/> Reserves    | <input type="checkbox"/> Air National Guard  |

### 24. Have You Ever Served On Active Duty Other Than Training?

- |                              |                         |
|------------------------------|-------------------------|
| <input type="checkbox"/> Yes | Dates of Service: _____ |
| <input type="checkbox"/> No  | _____                   |

### 25. Type of Discharge:

- |   |  |
|---|--|
| <input type="checkbox"/> Honorable                            | <input type="checkbox"/> Under Other than Honorable Conditions |
| <input type="checkbox"/> Under Honorable Conditions (General) |  |

**J. HOUSEHOLD INFORMATION**

26. List The People Living In Your Household:

Name (First, Last)	Relationship	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

**K. HOME OWNERSHIP**

27. Have You Ever Owned Your Own Home?  Yes  No

When: \_\_\_\_\_

28. Credit History:

- Credit Card Debt                       Outstanding Loans                       Good Credit  
 Bankruptcy                                       Outstanding Medical Bills                       No Credit

29. Would You Prefer Home Ownership Counseling?

- Yes  
 No

**I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the City of Tyler Housing Agency will verify the statements herein, and I have no objections to inquiries being made.**

**Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.**

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

\_\_\_/\_\_\_/\_\_\_\_\_  
Date

**I. OFFICE USE ONLY**

Received by \_\_\_\_\_

Date received \_\_\_\_\_ Time received \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

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

Applicant Voucher \_\_\_\_\_

# Family Self-Sufficiency Program Selection Procedure

