

The Housing Authority of Danville
FSS Program Application and Assessment Form

Applicant's Name _____ Birth Date ____/____/____

SSN _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Sex (circle one): Male Female

Marital Status (circle one): Single Married Divorced Separated Widowed

Race (circle one): African American/Black Caucasian/White Asian Hispanic Other: _____

Other Household Members:

Name: _____ Relationship: _____ Age: _____

Birthdate ____/____/____ Sex (circle one): Male Female

Name: _____ Relationship: _____ Age: _____

Birthdate ____/____/____ Sex (circle one): Male Female

Name: _____ Relationship: _____ Age: _____

Birthdate ____/____/____ Sex (circle one): Male Female

Name: _____ Relationship: _____ Age: _____

Birthdate ____/____/____ Sex (circle one): Male Female

Name: _____ Relationship: _____ Age: _____

Birthdate ____/____/____ Sex (circle one): Male Female

1. What is your current employment status? (circle one)

- | | |
|--------------------|-----------------------------------|
| Part-time employed | Retired |
| Full-time employed | Unemployed/Seeking employment |
| Self-Employed | Unemployed/Not seeking employment |

2. Are you willing to maintain or seek employment? (circle one)

Yes No

3. Do you have a GED or high school diploma? (circle one)

Yes No

4. What is your highest level of education? _____

5. Are you interested in furthering your education? (circle one)

Yes No

6. Why are you interested in being a participant in the FSS Program?

7. What do you consider your greatest needs?

8. What do you consider your greatest strengths?

9. What would you change about your life if you had the opportunity?

10. How would you describe success for yourself?
