



Unison Housing Partners

Family Self-Sufficiency (FSS) Program Application

*The FSS Program is open only to those who currently have a Unison Housing Choice Voucher.
(This is not an application for Unison housing)*

Thank you for your interest in Unison Housing Partners' FSS Program. All sections of this form must be completed for your application to be considered. You will be contacted by an FSS Coordinator when you are eligible to attend an FSS orientation or for an individual interview. Family Self-Sufficiency Program slots are limited, and completion of this form is not a guarantee of your acceptance into the program. For more information, please contact Elizabeth Aryeetey at 303-227-2719.

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| Date: |
|--------------|

Please check one:

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| I am a participant of the Unison Housing Partners Housing Choice Voucher Program (Section 8) <input type="checkbox"/> |
| I receive assistance through the VASH Program <input type="checkbox"/> FUP Program <input type="checkbox"/> PBV Program <input type="checkbox"/> |

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|-----------------|-------------------------------|---------------------------------|---------------------------------|-----------------------|-----------------------|
| Name: | | | | Last 4 digits of SSN: | |
| Address : | | | | Apt./Unit: | |
| City | | | | Zip Code : | |
| Home Phone: | Cell Phone | | | Best time to call | |
| Email Address: | | | | | |
| Your Age: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Total in household under age 18 | | Total age 18 or older |

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|--|--|-----------------------------|
| 1. Are you currently employed? | <input type="checkbox"/> Yes, Start Date / / | <input type="checkbox"/> No |
| Employer | Job Title | |
| Total income from employment in the last 12 months | \$ | |

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|---|------------------------------|-----------------------------|
| 2. Do you or anyone in your household receive SSI /Social Security Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is anyone in your household receiving cash assistance (TANF)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you willing/ able to seek and maintain employment within the next 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Highest level of education completed? | | |

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| 6. If you were to enter the FSS Program, what are 2-3 goals that you would like to accomplish? |
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Return completed application by mail, e-mail, or fax to:

| Fax: 720-230-5011 | Email: FSS@unisonhp.org |

FOR FSS OFFICE USE

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|---------------------------|--|------------------------|--|
| Client T Code: | | Recertification Month: | |
| FSS Coordinator Approved | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specialist Approved | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FSS Coordinator Initials: | | Date: | |