

Maiker Housing Partners

Family Self-Sufficiency (FSS) Program Application

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

Thank you for your interest in Maiker 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.

Date:	
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Please check one:

I am a participant of the Maiker 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"/>

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

1. Are you currently employed?	<input type="checkbox"/> Yes, Start Date / /	<input type="checkbox"/> No
Employer	Job Title	
Current total monthly income from employment	\$	

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?		

6. If you were to enter the FSS Program, what are 2-3 goals that you would like to accomplish?

Return completed application by mail, e-mail, or fax to:

| Fax: 720-230-5011 | Email: fss@maikerhp.org |

FOR FSS OFFICE USE

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:	Specialist Initials