



Oshkosh / Winnebago Cty Housing Authority
 PO Box 397, 600 Merritt Avenue, Oshkosh, WI 54903
 Ph. 920.424.1450 Fax. 920.424.1474
 Family Self Sufficiency Intake Packet

For Office Use Only (Stamp Below)

Time Received: _____

Received By: _____

Family Self-Sufficiency Program APPLICATION FORM

Directions: Please complete all fields below. Please print clearly. Incomplete and illegible applications may be rejected. If you need assistance completing this application, please utilize one of the following contact methods for assistance: Phone-920.424.1450 ext 133; TDD: (920) 424-1479; or visit the Housing Authority at 600 Merritt Avenue, Oshkosh.

Applications will be date-stamped upon receipt. Following receipt and review of application, you will be contacted to schedule a mandatory in-take assessment to assess your goals, as well as any existing barriers to employment and self-sufficiency.

Head of Household Name (Please Print):	
Spouse or Other Adult Household Member Name (Please Print):	
Other Adult Household Member Name (Please Print):	
Other Adult Household Member Name (Please Print):	
Address:	City and Zip Code:
Telephone Number:	Cell Phone Number:
Work Phone Number (Head of Household):	Work Phone Number (Other Adult):
Message Phone Number - in case of emergency or no phone	Message Phone Contact Name:
Email Address:	

Head of Household Education and Language

1. Are you currently enrolled in any education or training program (circle): YES NO

If yes: _____
Name of Education / Training Program Dates of Participation Program details

Name of Education / Training Program Dates of Participation Program details

2. Highest Level of Education Completed: _____

3. I will need a translator at appointments: No Yes If yes, language: _____

Please Complete Both Sides →



