



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

2. Highest Level of Education Completed: _____

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

Please Complete Both Sides →



Most Recent Employment – Head of Household

Employer Name:	Position:
Employer Address:	City and Zip Code:
Dates of Employment:	
Start Date (month and year):	End Date (month and year)
Hourly Wage Rate:	Hours Per Week: Employer Telephone
Describe Work Schedule (list all days and times of work if schedule is consistent)	

Current Employment – Spouse or Other Household Adult Member

Employer Name:	Position:
Employer Address:	City and Zip Code:
Dates of Employment:	
Start Date (month and year):	End Date (month and year)
Hourly Wage Rate:	Hours Per Week: Employer Telephone
Describe Work Schedule (list all days and times of work if schedule is consistent)	

Other Information:

- Are you currently an FSS participant through a different Housing Authority and plan on transferring into the Oshkosh / Winnebago County Housing Authority?

No Yes If yes: _____
 Current Housing Authority FSS Case Manager Name and Phone

- List all community agencies that you are currently working with:

_____ Agency Name & Case Worker

_____ Agency Name & Case Worker

_____ Agency Name & Case Worker

_____ Agency Name & Case Worker

- I am a current recipient of a Housing Choice Voucher (Section 8) or Winnebago County Family unit:
 Yes No

- Special Accommodations Requested: _____

I certify that the above information is true and correct.

_____ Date

_____ Head of Household Name (Print)

_____ Head of Household Signature

_____ Spouse or Other Household Adult Member Name (Print)

_____ Spouse or Other Household Adult Member Signature

NOTICE: 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 United States as to any matter within its jurisdiction.