

## Instructions for Filling out On-line Adobe © Acrobat (.pdf) Forms



**Special Note:** Unless you have the full version of Adobe Acrobat you cannot save the information you have entered into a fillable form. You can save the form itself, but you cannot save any information you may have entered into it. Most people have Adobe Acrobat Reader that enables them to open and view Acrobat files; fewer people have the full version of Acrobat. You **CAN** fill out the form and print it!

**How to tell if an Acrobat file is fillable:** If you are viewing an on-line Acrobat form you can see if it is fillable by clicking your mouse cursor into one of the areas where you are supposed to enter text information. If you get a blinking cursor then the form is fillable. Go ahead and start filling it out if you want. If you click and nothing happens then is NOT a fillable form.

**Navigating within an Acrobat fillable file:** If you are entering information on-line you can go from fillable spot to fillable spot by using your Tab key on your keyboard or by navigating with your mouse.

Use your Space Bar to check and uncheck boxes when using your Tab key to navigate within the form, or you can use your mouse once your pointer turns into a finger on a hand pointing upward and then clicking with the left mouse button.

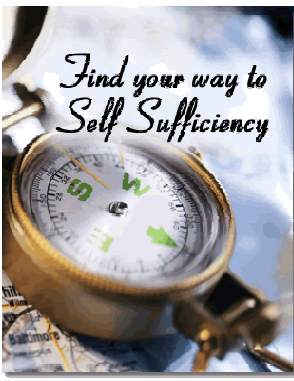
**Completing and Submitting:** You can fill out the form and print it or print the form and fill it out by hand then submit using the US Mail, Fax, scan it and attach it to an e-mail or turn it in personally.

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# Family Self Sufficiency Application

Linn-Benton Housing Authority  
1250 SE Queen Ave., Albany, OR 97322  
Anna Benson (541) 918-7313  
Paul Deatherage (541) 918-7317



If you need assistance filling this application out, please notify the Housing Authority Staff.

**Note:** You must be on the Section 8 Housing Choice Voucher Program to be eligible to apply for FSS.

How did you hear about the FSS Program? \_\_\_\_\_

Have you ever participated in the FSS Program before? YES  NO

If yes, did you graduate, drop-off or was your contract terminated? \_\_\_\_\_

Have you attended the Financial Fitness Class offered by the Linn-Benton Housing Authority and Corvallis Neighborhood Housing Services? YES  NO

If yes, please provide a copy of your completion certificate to receive a waiting list preference.

## General Information

Head of Household: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

Please inform us if your phone number(s) changes

**Race** (check all that apply):

White

Hispanic

Non-Hispanic

Black

American Indian

Asian

Other

List any other family members 18 years or older below

\_\_\_\_\_  
\_\_\_\_\_

## Education

Highest School Grade Completed: \_\_\_\_\_

Years of College Completed: 1 2 3 4 5 (Click on or Circle One)

Do You Have a Degree? YES  NO

Type of Degree: \_\_\_\_\_

Are you interested in continuing your education, and if yes, list the certificate or degree you are interested in: \_\_\_\_\_

**Presently Enrolled in:**

Check those that apply:

High School/GED

College

Vocational School

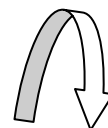
JOBS Program

Apprentice Program

Other Training

Other: \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**



**Employment**

Current Employment Status of Head of Household:

- Full Time  
32 hours or more
- Part Time
- Not Employed

Date Employment Started \_\_\_ / \_\_\_ / \_\_\_ Current Annual Earned Income: \$ \_\_\_\_\_

Do you receive Health, Dental, Vision, or other benefits from employer? YES  NO   
Click on or Circle Any That Apply

Other income sources received by household members (check any that apply)

- TANF (Welfare benefits)
- Oregon Health Plan
- Food Stamps
- Childcare Assistance
- Earned Income Tax Credit
- Financial Aid
- SSI
- Social Security
- Unemployment Benefits
- Other \_\_\_\_\_

**Supportive Service Needs**

If you were selected to participate in this program, what services would you need more information about?  
*(Click on or Circle any that apply)*

Education: Career Counseling, Financial Assistance, Educational Program Information, Tutoring

Employment: Job Preparedness, Job Training, Job Placement

Medical: Medical, Dental, Vision, Drug & Alcohol Counseling, other Counseling

Other: Transportation, Childcare, Budgeting, Parenting, Nutrition, Mediation, English Speaking Skills,  
Credit Counseling, Mentoring, Other: \_\_\_\_\_

**Assets**

- Do you have a Bank Account? YES  NO
- If YES check the appropriate box(es) Checking Account  Savings Account
- If NO are you registered in CHEX Systems? YES  NO

**Special Accommodations**

Do you require any accommodation for handicap accessibility? YES  NO

If YES what do you need? \_\_\_\_\_

Do you need TDD access to our Staff? YES  NO   
Our TDD Number is (541) 926-8338

**Goals for the Future**

If selected for the FSS Program, list three goals that you would like to accomplish?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is Home Ownership a Goal for Your Family? YES  NO