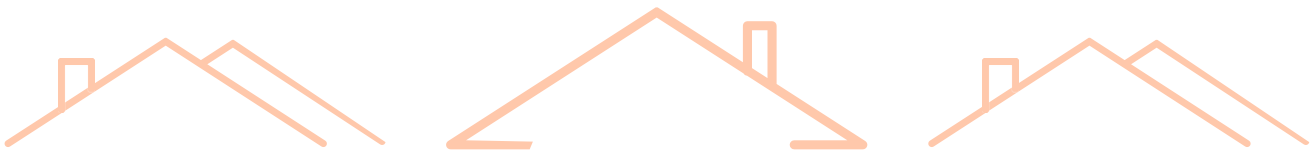




Provincetown LOCAL SELF-SUFFICIENCY VOUCHER & RENTAL ASSISTANCE PROGRAM

**Housing rental assistance, up to
\$350/month, for eligible applicants looking
to meet their personal and professional
financial goals in Provincetown**



FY 2023 Combined Household Income Requirements [maximum] at 100% AMI:

1 Person: \$87,010 2 Person: \$99,440 3 Person: \$111,870

4 Person: \$124,300 5 Person: \$134,244 6 Person: \$144,188

The Town of Provincetown is now accepting applications for the Provincetown Self Sufficiency Local Housing Voucher Program. The Provincetown Local Voucher Program aims to allow a family to have affordable, year-round housing while participating in a program which will educate and/or enable them to become self-sufficient within a three (3) year period. The Provincetown Self Sufficiency Local Voucher Program specifically targets households that will benefit from short-term assistance as a steppingstone to self-sufficiency; it is not intended to provide long-term rental assistance. The initial allocation is for 18 months with a maximum timeframe for assistance for up to three years. Applicants must be income eligible, and a lottery may be conducted of eligible applicants.

**INITIAL ROUND APPLICATIONS DUE:
Thursday, September 14, 2023 by 5:00pm**

For additional questions & applications, contact:

**Community Housing Director, Michelle Jarusiewicz at
508-487-7087 mjarusiewicz@provincetown-ma.gov**

Other restrictions apply including, but not limited to:

- Mandatory & ongoing compliance with Financial Counseling
- Landlord participation, Tenancy in good standing, Year-round rental w/ lease





Town of Provincetown Community Housing Provincetown Self Sufficiency Local Voucher Program **GUIDELINES**

The Town of Provincetown is offering a Provincetown *Self Sufficiency* Local Housing Voucher Program. This program is funded with grant assistance from the Affordable Housing Trust Fund CPA allocation as approved by the Community Housing Council. The Provincetown *Self Sufficiency* Program aims to allow a family to have affordable, year-round housing while participating in a program which will educate and/or enable them to become self-sufficient within a three (3) year period. Participants are required to make adequate progress toward sustainability on an annual basis. Participants will also be required to meet with case managers monthly, some of which will be in-person. Participants will be required to provide monthly progress reports on forms provided. Lack of adequate progress and meeting milestones may lead to discontinuation of rental assistance. The Provincetown *Self Sufficiency* Program specifically targets households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years.

PROGRAM GOAL – Self Sufficiency:

Affordable Housing is a critical issue for the Town of Provincetown and has been a top priority for over two decades with significant impacts on the character and the economy of the town. The Town has seen significant out-migration of residents who are unable to locate housing. The *Self Sufficiency* Local Voucher program aims to assist households to maintain stable year-round rental housing while participating in an educational program to build self-sufficiency. This will require regular counseling sessions with the case manager, goal setting, attendance at workshops, and monthly reporting.

HOW THE SELF SUFFICIENCY PROGRAM WORKS:

The Town provides rental assistance to eligible households for an initial period of 18-months; with a possible extension(s) for households making adequate progress towards their self-sufficiency goals. The total timeframe for rental assistance may not exceed a maximum of three years.

Monthly Voucher Amount:

- ❖ The applicant is not eligible for the Provincetown *Self Sufficiency* Program if he/she receives another rental subsidy.
- ❖ The Voucher amount is paid directly to the Landlord and the Participant is responsible for prompt payment of their share of the monthly rent. Vouchers cannot be used to pay rental arrears.

- ❖ When the tenant pays for all or part of utilities, the allowable monthly rent will be adjusted according to the Barnstable County HOME program utility allowance guidelines.
- ❖ Monthly rents cannot exceed 110% of the HUD Fair Market Rent with utility allowances if indicated.

Financial Counseling:

Each participant will be required to regularly participate in financial counseling and case management provided through the Town of Provincetown to help him/her work toward financial self-sufficiency. This counseling is mandatory and integral to the program. The financial counseling and case management may include monthly meetings with the counselor, attendance at workshops, and monthly reporting of progress on forms provided towards the goals and milestones. Monthly updates will provide progress on goals and milestones. Voucher assistance may be terminated if participant does not meet these requirements.

Rental Units:

All rental housing must be legally registered with the Town and must have a year round lease.

Priorities:

Priority will be given to those applicants who:

- Can demonstrate the potential for meeting the goal of self-sufficiency within three years. This may be through education and gaining additional skills for promotion or different employment. The anticipation of greater income in the future or other ways.
- Whose annual income is less than 100% Barnstable Area Median Income [AMI].
- Currently have a year-round rental lease in Provincetown.
- Whose monthly rent does not exceed the Barnstable County Fair Market Rent as established by HUD. Utility allowance guidelines are utilized for households that pay all or part of the utilities.

FY 2023 Income & Rent Guidelines:

These are adjusted annually and may change.

<i>Income must be less than or equal to 100% AMI [maximum] and includes income for all household members over 18</i>	Household [HH] Size	<u>FY 2023: 100% AMI</u> Maximum HH Income
	1	\$87,010
	2	\$99,440
	3	\$111,870
	4	\$124,300
	5	\$134,244
	6	\$144,188

Maximum FY 2023 Rents including Utilities:

	Efficiency	1-Bedroom	2-Bedrooms	3-Bedrooms	4 Bedrooms
MAXIMUM Rent	\$1,541	\$1,708	\$2,248	\$2,751	\$3,059

Application Process:

Complete applications are due no later than Thursday, September 14, 2023 5:00 pm for consideration in this initial round. Applicants will be required to provide all necessary paperwork, which will include, but not be limited to:

- Completed application
- Proof of residency as defined under eligibility
- Landlord reference
- Copy of lease
- Proof of income and assets as described in the application

If eligible requests exceed available funds, a lottery will be held. If funds remain, applications will be accepted on a rolling basis thereafter.

Program Participation:

Eligible participants shall be required to execute a Local Rental Voucher Agreement outlining their obligations under the program as well as that of the Town of Provincetown. This Agreement may be extended up to a maximum of three years if the participant is making satisfactory progress in reaching self-sufficiency goals and re-qualifies. This Agreement will include the length and viability of the Provincetown *Self-Sufficiency* Local Voucher Program.

Participants are expected to contribute a minimum of 30% of their annual income toward their monthly rent. Because of limited funds, the subsidy for an individual applicant is anticipated to be no more than \$350 per month, but may be less per month due to limited funds.

After the initial funding application round and lottery if needed, applications will be accepted on a rolling basis and will be processed in the order that they are received if funds are available.

QUESTIONS?

**Contact Housing Director Michelle Jarusiewicz
508/487-7087**

mjarusiewicz@provincetown-ma.gov



Town of Provincetown Community Housing

Provincetown Self Sufficiency Local Voucher Program

2023 TENANT APPLICATION

Please read the Program Guidelines prior to filling out this application.

REQUIRED ATTACHMENTS: Please include the documents listed on the tenant application checklist when submitting this application. Copies of these documents are required to determine your eligibility for these programs. Applications without these documents cannot be processed.

PART 1: TENANT Information

NAME: _____

Street Address: _____

Mailing Address: _____

Telephone day: _____ evening: _____ cell: _____

Email address: _____

CO-TENANT: _____

Street Address: _____

Mailing Address: _____

Telephone day: _____ evening: _____ cell: _____

Email address: _____

Total number of people in applicant household: _____

Household composition: please list below the head of household and all members who live or will be living in the home. Give the relationship of each person to the head of the household.

List Head of Household First	Social Security #	Relationship to Head of Household	Age	Name of employer if applicable or student

PART 2: PROPERTY/LANDLORD Information [add sheets as needed]

Landlord Name: _____
Landlord Residential Address: _____
Landlord Mailing Address: _____
Landlord Phone Number: _____

Property Address: _____
Rent Amount \$ _____ Utilities included: YES No
Please list any utilities that you are responsible for [do NOT include cable TV, internet access or telephone]: _____

Is it a year-round rental? YES No
Do you have a written lease? YES No
Length of time at present address: _____

Previous Landlord(s) in last five (5) years:
Landlord Name: _____
Landlord Residential Address: _____
Landlord Mailing Address: _____
Landlord Phone Number: _____
Length of time at this address: _____

Landlord Name: _____
Landlord Residential Address: _____
Landlord Mailing Address: _____
Landlord Phone Number: _____
Length of time at this address: _____

Landlord Name: _____
Landlord Residential Address: _____
Landlord Mailing Address: _____
Landlord Phone Number: _____
Length of time at this address: _____

PART 3: EMPLOYMENT & INCOME Information [add sheets as needed]

Complete whether an employee or self-employed

TENANT employed by: _____
Employer's Mailing Address: _____
Contact phone: _____ Dates of employment for current employer: _____
If employed on a seasonal basis, please supply dates: _____

TENANT employed by : _____
Employer's Mailing Address: _____
Contact phone: _____ Dates of employment for current employer: _____
If employed on a seasonal basis, please supply dates: _____

CO-TENANT employed by : _____
Employer's Mailing Address: _____

Contact phone: _____ Dates of employment for current employer: _____
 If employed on a seasonal basis, please supply dates: _____

CO-TENANT employed by: _____
 Employer's Mailing Address: _____
 Contact phone: _____ Dates of employment for current employer: _____
 If employed on a seasonal basis, please supply dates: _____

If there are other adults in the household currently employed OR receiving cash benefits, include them in chart below.
 Please list Head of Household first.

PART 4: ANNUAL INCOME TOTALS

What is your household's current gross yearly income, from all sources? Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, alimony, etc. for everyone in the household.

NAME	SOURCE	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ANNUAL INCOME:		\$

If you expect a dramatic change in your annual income in the coming 12 months, please explain: _____

Bank Accounts including Checking, savings, money market, IRAs, CDs, Stocks, etc.:

Name of Institution	Name of Person on Account	Type of Account	Account Number	Balance

Do you earn over \$100.00 in interest from your total assets annually? YES No
 If YES, please explain: _____

Additional Real Estate: Complete for each property owned. Use additional sheets if needed.

Have you owned or had ownership in any real property for the last five (5) years? YES No
 Address: _____
 Date of sale if sold within last five years: _____

Address: _____
 Date of sale if sold within last five years: _____

PART 5: TENANT(S)/POTENTIAL TENANT(S) [initial each certification]:

I/We, the applicant(s), have received and read the Program Guidelines. _____

I/We understand that the Self Sufficiency Local Voucher Program is a short-term rental subsidy targeting households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years. _____

I/We understand that we are required to participate in regular counseling sessions with a financial consultant, goal setting, attendance at workshops, and annual reporting regarding self-sufficiency attainment. _____

I/We understand that the Town of Provincetown and/or their designees will utilize the information provided on this application to determine eligibility for the Provincetown Self Sufficiency Local Voucher Program. _____

I/We understand that rental units enrolled in this program must be rented year-round to income eligible tenants at an affordable rent level for a minimum of one year. _____

I/We understand that rental units enrolled with this program must be legal rental units and that the landlord may be required to have an inspection form the Building Inspector to ensure that the rental unit meets basic health and safety standards. _____

I/We certify that all information given is true to the best of my/our knowledge. In addition, I/we give the Town of Provincetown and/or their designees permission to conduct a credit check, verify my income and landlord references.

Tenant/Potential Tenant Date

Tenant/Potential Tenant Date

Applications are accepted on a rolling basis, processed in the order received until all funds are committed. Submit to:

Community Housing Director Michelle Jarusiewicz
Provincetown Self Sufficiency Local Voucher Program
Provincetown Town Hall
260 Commercial Street
Provincetown, MA 02657

There is limited funding and only eligible applications will be funded within the allocation.

Questions contact:

Community Housing Specialist Michelle Jarusiewicz at mjarusiewicz@provincetown-ma.gov or at 508/487-7087.



**Provincetown Self Sufficiency Local Voucher Program
Landlord/ Owner Intent to Participate**

Applicants intending to reside in current residence must include this form with a completed application.

Applicant Name: _____
Unit Address: _____
Town: _____
Current Landlord/ Owner Name: _____
Mailing Address: _____ Unit #: _____
Town: _____ State: _____ Zip Code: _____
Best phone number: _____ E-mail address: _____

Landlord provisions:

The Landlord/Owner shall enter into a lease for each contract unit for which rental assistance is paid. All leases shall be for the term of one year. Leases will be signed only by the Landlord/Owner and the Tenant of the unit. The Lease shall not disclaim or modify any of the Landlord/Owner's legal obligations or provide for indemnification by the Tenant on account of breach of the Landlord/Owner's legal obligation(s). In addition, the lease shall incorporate as terms the following three Landlord/Owner obligations which shall be enforceable by the Tenant under the lease as a third party beneficiary of this Contract:

1. The Landlord/Owner shall not terminate the tenancy except for: violation of Federal, State or Local law which imposes obligations on the Tenant in connection with the occupancy of the contract unit and surrounding premises; or other good cause.
2. The Landlord/Owner shall maintain the contract unit in compliance with Article II of the State Sanitary Code, State Building Code and any other applicable law.
3. The Landlord/Owner shall not discriminate against any tenant or applicant for tenancy on the grounds of age, race, color, creed, religion, sex, sexual orientation, handicap, national origin, marital or family status, or welfare reciprocity.

Landlord/ Owner further understands all payments will be made directly to the Landlord/ Owner as it is the intention of this program to stabilize year-round income eligible households.

Landlord/ Owner agrees if applicant is processed, a signed contract will be required.

The Intent to Participate does not create a contract or obligation to participate in the Provincetown Rental Assistance Program but confirms the applicant has notified the Landlord/ Owner of their intent to submit an application.

Landlord/ Owner Signature: _____

Date: _____

Tenant Application Checklist

Name: _____

Street Address: _____

Mailing Address: _____

Telephone: day: _____ evening: _____ cell: _____

Email address: _____

		COMMENTS:
<input type="checkbox"/>	5 page Tenant Application <input type="checkbox"/> completed <input type="checkbox"/> signed <input type="checkbox"/> dated	
<input type="checkbox"/>	Federal Tax returns for 2020, 2021, 2022 or notarized statement re: not filing taxes for ALL ADULTS in home	
<input type="checkbox"/>	Cash benefit public assistance determination	
<input type="checkbox"/>	Employer verification form (for all working adults in home)	
<input type="checkbox"/>	8 weeks consecutive pay stubs (for all working adults in home)	
<input type="checkbox"/>	2 months consecutive bank statements for all checking & savings accounts (for all adults in home)	
<input type="checkbox"/>	Alimony/copies of child support receipts or order/notarized statement (if applicable)	
<input type="checkbox"/>	Pension and investment income (if applicable)	
<input type="checkbox"/>	Copy of lease with landlord	
<input type="checkbox"/>	Signed copy of credit check authorization	
<input type="checkbox"/>	Statement of household obligations	
<input type="checkbox"/>	Other:	

PLEASE INCLUDE A COPY OF THE CHECKLIST WITH YOUR COMPLETED APPLICATION

Applications should be sent to the attention of Provincetown Community Housing Specialist and can be mailed or dropped off at Town Hall by the due date and time in the directions:

Provincetown Self Sufficiency Local Voucher Program
 Community Housing Director Michelle Jarusiewicz
 Town Hall
 260 Commercial Street
 Provincetown, MA 02657

Town of Provincetown Community Housing Provincetown Self Sufficiency Local Voucher Program DOCUMENTING YOUR INCOME

**THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE APPLICATION
Do NOT send originals.**

Please remember that ALL HOUSEHOLD income must be included.

In order to be eligible for this program, RETURN A COMPLETED APPLICATION, plus the following valid confirmations:

1. Current pay stubs for ALL working members of the household 18 years and older. Pay stubs for 8 weeks are required.
2. Verification of employment: attached form completed and signed by your employer. If you need more, please make copies.
3. If a member of your household is 18 years old or older and enrolled FULL-TIME STUDENT or not currently working, a notarized statement stating such is needed. This also pertains to Applicant and Co-Applicant.
4. If you have children and do not receive child support, you must provide a notarized statement to that effect. Otherwise, you must provide a Child Support Order, Copy of Divorce Decree, or copies of Child Support Checks.
5. Verification of all other household income, Benefit statements for Public Assistance, VA, Unemployment, SS, SSI, Disability, etc.
6. Submit bank statements for past two months for ALL checking and savings accounts.
7. Most recent copy of statements from pension and investment income, including retirement savings (if applicable).
8. 2020, 2021, 2022 Federal Tax Returns: Copies with attachments. If you did not file, you will need a notarized statement, which documents all income sources, including savings and other related investments.
9. Tax returns and Self-Employment: People who are self-employed need to provide the following:
Copies of IRS Tax Form 1040 including ALL schedules for the most recent year filed.
Request the IRS Office to STAMP THE YEAR. The transcript will be mailed to your address within 10 days.

FY 2023 Income Guidelines:

These are adjusted annually and may change.

<i>Income must be less than or equal to 100% AMI [maximum] and includes income for all household members over 18</i>	Household [HH] Size	<u>FY 2023: 100% AMI</u> Maximum HH Income
	1	\$87,010
	2	\$99,440
	3	\$111,870
	4	\$124,300
	5	\$134,244
	6	\$144,188

VERIFICATION OF EMPLOYMENT

APPLICANT INFORMATION (to be completed by Applicant):

Applicant: _____ SSN: _____
Applicant address: _____ Phone: _____

Signature: _____

EMPLOYER INFORMATION (to be completed by Applicant):

Name of employer _____
Address of employer _____

Phone: _____

Employment Information (to be completed by **Employer**):

Date of Employment: _____ Position/occupation: _____
Date of Termination (if applicable) _____
Current Rate of Regular Pay \$ _____ per hour, week, month, year (circle one)
Current Rate of Overtime Pay \$ _____ per hour, week, month, year (circle one)
Do you anticipate any change in the employee rate of pay in the near future?
 yes -- Revised rate: _____ effective date: _____ no
Number of hours employee typically works per week: _____ weeks per year: _____
Do you anticipate any change in the number of hours the employee works?
 yes -- Revised number: _____ effective date: _____ no
Anticipated average amount of overtime per week: _____
Gross annual earnings you anticipate for this employee for the next 12 months \$ _____
Does the employee receive tips, bonuses, overtime, commissions? yes no
Please indicate annual amount:
tips: \$ _____ bonuses \$ _____ overtime: \$ _____ commissions: \$ _____
If the employee's work is seasonal or sporadic, indicate lay-off periods _____

Additional comments: _____

Completed by: _____
Name & Title

Signature Date: _____

CREDIT CHECK AUTHORIZATION

Applicant/Tenant Release Form

In consideration for being permitted to apply for the Provincetown Self Sufficiency Local Voucher Program, I/APPLICANT, do represent all information in this application to be true and accurate and that the Town of Provincetown and/or their designees may rely on this information when investigating and accepting this application. I/Applicant hereby authorize the Town of Provincetown and/or designees to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the Town of Provincetown and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Town of Provincetown and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Applicant Name (Print): _____
Applicant Signature: _____
Social Security #: _____ Date of Birth: _____
Other Name (s) you have used: _____
Date: _____

Co-Applicant/Tenant Release Form

In consideration for being permitted to apply for the Provincetown Local Voucher Program, I/CO-APPLICANT, do represent all information in this application to be true and accurate and that the Town of Provincetown and/or their designees may rely on this information when investigating and accepting this application. I/Co-Applicant hereby authorize the Town of Provincetown and/or designees to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the Town of Provincetown and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Town of Provincetown and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Co-Applicant Name (Print): _____
Co-Applicant Signature: _____
Social Security #: _____ Date of Birth: _____
Other Name (s) you have used: _____
Date: _____

Provincetown Self Sufficiency Local Voucher Program STATEMENT OF HOUSEHOLD OBLIGATIONS

In order to become eligible and maintain eligibility for the Town of Provincetown's Self Sufficiency Local Voucher Program, it is necessary for the participant to fulfill the obligations established by the Town. If a household violates any of these obligations, then the household can be terminated from the program. The obligations of the program are as follows:

The Household Shall:

- Supply any information that the Town determines to be necessary, including evidence of local qualification, and information for use in a regularly scheduled reexamination or interim reexamination of household income and composition.
- Submit consent forms for obtaining requested information.
- Supply any information or verification requested by the Town relating to whether the household is residing in the unit or whether the family is absent from the unit.
- Promptly notify the Town in writing when the household is absent from the unit for a period of time in excess of 30 days.
- Notify the Town and the owner in writing before moving out of the unit or terminating the lease.
- Promptly notify the Town in writing if there is a change in household size.
- Give the Town a copy of any owner eviction notice.
- Pay for utilities and supply and maintain any appliance that the household is required to provide under the lease.
- The rental unit must be the household's only residence.
- Participants shall contribute at least 30% of their annual income toward the monthly rent.

The Household Shall Not:

- Own or have any interest in the unit.
- Engage in profit making activities in the unit unless such activities are incidental to the primary use of the unit as a residence and are allowable under the terms of the lease.
- Commit any serious or repeated violation of the lease.
- Commit fraud, bribery, or any corrupt or criminal act in connection with this program.
- Participate in drug-related criminal activity or violent criminal activity.
- Sublease, let, or transfer the unit or assign the lease.

- Receive another housing subsidy for the same rental unit or for a different rental unit under any other federal, state, or local housing assistance program.
- Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

I/WE HEREBY CERTIFY THAT I/WE UNDERSTAND THE HOUSEHOLD OBLIGATIONS OF THE PROVINCETOWN SELF SUFFICIENCY LOCAL HOUSING VOUCHER PROGRAM, AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THE PROGRAM.

Signature

Date

Signature

Date

Provincetown Local Voucher Program

Self-Sufficiency Program Evaluation Form

The Town of Provincetown is presenting a Provincetown Self Sufficiency Local Housing Voucher Pilot Program. This program is funded with grant assistance from the Community Preservation Fund as approved by town meeting. The Provincetown Self Sufficiency Local Voucher Program aims to allow a family to have affordable, year-round housing while participating in a program which will educate and/or enable them to become self-sufficient within a three (3) year period. Participants are required to certify household income and adequate progress toward sustainability on an annual basis. Participants will also be required to meet at least quarterly with case managers and monthly meetings if required to do so. Participants will be required to provide quarterly reports on progress on forms provided. Lack of adequate progress and meeting milestones may lead to discontinuation of rental assistance. The Provincetown Self Sufficiency Local Voucher Program specifically targets households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years.

Please list all family/household members who live in your housing unit, including the head of the household. Give the relationship of each family/household member to the head of the household.

Family Member	Name	Relationship to Head of Household	Age	Sex
Head of Household		Self		

Are you (head of household) employed? Yes No

If yes, list your job and rate of pay:

JOB: _____

Rate of Pay: \$ _____ per hour day week

If unemployed, what type of income do you receive? _____

Are any other family members employed? Yes No

If yes, please fill out the following information:

Family Member	Job	Rate of pay	Hour/week
		\$	Per:
		\$	Per:
		\$	Per:

Please check any items below that you consider a current need. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Need a better job | <input type="checkbox"/> Need better transportation |
| <input type="checkbox"/> Need childcare | <input type="checkbox"/> Need to see doctor for medical problems |
| <input type="checkbox"/> Need money to pay bills each month | <input type="checkbox"/> Need help being a better parent |
| <input type="checkbox"/> Want to finish school | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Need food assistance | <input type="checkbox"/> Need nutritional advice |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Need help managing money |

Please list other needs for services, or goals you or your family have:

Please check the different agencies you have visited or received services from in the last six months:

- | | |
|---|--|
| <input type="checkbox"/> Health dept., doctor, or clinic | <input type="checkbox"/> Community Action Agency or Community Services |
| <input type="checkbox"/> Job Training program | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Mental health center | <input type="checkbox"/> Alcohol or drug program |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Free meals program |
| <input type="checkbox"/> Head start for child(ren) | <input type="checkbox"/> Children's services program |
| <input type="checkbox"/> Community college | <input type="checkbox"/> Vocational/tech school |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other: please list/describe: _____ | |

Do you speak English? Yes No

If no, what language(s) do you speak: _____

Do other family members speak English? Yes No

If no, what language(s) do they speak: _____

Do you have a high school GED? Yes No

If you were to get a job or change your job, would you need help finding someone to watch your children (childcare)? Yes No

Do you now work with one person or a case manager who helps you and your family find the services that you need? Yes No

If yes, please list the person's name: _____

What agency does she/he work for? _____

Are you currently receiving Case Management Services form any agency? Yes No

If yes, what agency? _____

What are two or three biggest problems that YOU are facing now? _____

What are two or three biggest problems currently faced by YOUR FAMILY? _____

Signature: _____ Date: _____

DREAM A LITTLE DREAM. LIVE A BIG LIFE....

ALLOW YOURSELF TO DREAM BY COMPLETING THESE SENTENCES:

If I had a wish, I would: _____

One person I highly respect is: _____

I spend most of my time _____

One goal I really want is _____

I am happiest when _____

I am most proud of my ability to _____

One area I need to improve in my life is _____

Read this exercise over and get to know yourself better so that you know exactly who you are and what you want and what you need to do. Then GO AFTER YOUR DREAMS!

Name: _____ Date: _____

Financial Self-Assessment – Please check the box if it applies to you:

- I have a spending plan.
- I organize my bills.
- I have a checking account.
- I use my check register to record my checks and withdrawals.
- I have a savings account.
- I deposit money in my savings account monthly.
- I have a retirement account.
- I contribute to my retirement account monthly.
- I have good credit.
- I have seen my credit report in the last year.
- I know my credit score.
- I need to repair my credit.
- I need credit counseling.
- I have _____ credit cards. [Number]
- I have filed for bankruptcy.
- I plan to file for bankruptcy.

Any other comments: _____

Name: _____ Date: _____