



**Portland Housing Authority**

14 Baxter Blvd., Portland, ME 04101

(207) 773-4753

(207) 879-4231 FAX

**ECONOMIC SELF SUFFICIENCY PROGRAMS**

**Pre-Enrollment Form**

\_\_\_\_\_

(Who told you about this program?)

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Name \_\_\_\_\_ Housing Officer \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

**Economic Self Sufficiency Program you are applying for:** (check all that apply)

- Family Self Sufficiency Housing Choice Voucher (*for Section 8 ONLY*)
- Family Self Sufficiency Public Housing (*for Public Housing residents ONLY*)
- Visions of My Future (*for Public Housing residents ONLY*)

\_\_\_\_\_

**EDUCATION**



Highest level of schooling completed    1    2    3    4    5    6    7

8    9    10    11    12    GED    High School Diploma    PATHS

College    1    2    3    4    more than 4

Degree \_\_\_\_\_ Major \_\_\_\_\_

Are you currently enrolled in school?    Yes    No

Name of school \_\_\_\_\_

Pursuing what degree?    Certificate    Associates    Bachelors    Masters

Other \_\_\_\_\_

Major \_\_\_\_\_

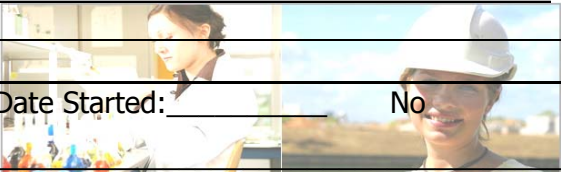
If not currently enrolled, are you interested in attending school?    Yes    No

Tell us about your interest in attending school \_\_\_\_\_

\_\_\_\_\_



**EMPLOYMENT**



Are you currently employed? Yes \_\_\_\_\_ If "Yes", Date Started: \_\_\_\_\_ No \_\_\_\_\_

Name of Employer \_\_\_\_\_

Your position \_\_\_\_\_ Pay per Hour \$ \_\_\_\_\_ Avg. Hours p/week \_\_\_\_\_

Does your employer offer opportunities for advancement/promotion? Yes \_\_\_\_\_ No \_\_\_\_\_

If not employed, how long unemployed? \_\_\_\_\_

Tell us about your previous employment history...

List last three employers (start with most recent):



Name of employer: \_\_\_\_\_ Start Date \_\_\_\_\_

Your position \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Avg Hrs/wk \_\_\_\_\_

Name of employer: \_\_\_\_\_ Start Date \_\_\_\_\_

Your position \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Avg Hrs/wk \_\_\_\_\_

Name of employer: \_\_\_\_\_ Start Date \_\_\_\_\_

Your position \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Avg Hrs/wk \_\_\_\_\_



What is your career goal? \_\_\_\_\_

Are there opportunities in your area for this career? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

**HOMEOWNERSHIP**



❖ Would you like to become a homeowner?  
Yes \_\_\_\_\_ No \_\_\_\_\_

❖ Would you be interested in a program that could help you become a homeowner?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**SMALL BUSINESS**



❖ Would you be interested in starting your own business?  
Yes \_\_\_\_\_ No \_\_\_\_\_

❖ If yes, what type of business? \_\_\_\_\_  
\_\_\_\_\_

❖ Would you be interested in a program that could help you start your own business?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## GOALS

Name a personal goal you have set for yourself in the past 3 years.



Did you accomplish this goal?    Yes            No

If *yes*, explain the steps you took to accomplish this goal \_\_\_\_\_

\_\_\_\_\_

If *no*, explain your efforts and what prevented you from completing this goal \_\_\_\_\_

\_\_\_\_\_

What are your present goals for you and your family? \_\_\_\_\_

*Personal:* \_\_\_\_\_

*Educational:* \_\_\_\_\_

*Employment:* \_\_\_\_\_

*Financial Stability:* \_\_\_\_\_

*Homeownership:* \_\_\_\_\_

What help do you think you will need to accomplish these goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESOURCES

What resources would most benefit you and your family right now? (check all that apply)

Driver's License

Basic Computer/Keyboarding

Clothes for Work, Interviews

Eyeglasses

Dental Work

Healthcare

Career advising

Job training

Job placement

Transportation

Child care

Parenting skills

Money Management

Counseling

Substance abuse services

Educational training

Homeownership services

Health/ disability services

Other \_\_\_\_\_

Please check the types of assistance your family is currently receiving:

TANF

MaineCare

Food Stamps

ASPIRE

WIC

Social Security

PaS

Child Care

Counseling

Voc. Rehab

General Assistance

Substance Abuse Services

Other \_\_\_\_\_

**OTHER**

Is there any other information not covered in this form that you feel might be relevant to know about your needs or family situation? \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**