



Housing Authority of the County of Santa Barbara

Family Self Sufficiency Program Application

Applicant Code _____

Notice: Section 8 Participant's are eligible to apply for the Family Self Sufficiency Program offered through the Housing Authority of the County of Santa Barbara. When you complete and return this application, it will be forwarded to the Administration office for inclusion in the FSS Waiting List. The HACSB will not contact you until an FSS position becomes available, and your application has been selected for the opportunity to participate. At that time, an individual appointment will be scheduled for you to meet with the FSS Coordinator.

If you are interested in the Family Self Sufficiency Program, you must complete this application and return it to any Housing Office.

(Please Print the Following Information)

FSS Applicant's Name: _____

Social Security Number: _____

Address: _____

Telephone No: (Home) _____ (Work) _____ (Mess) _____

Source of Income: _____

Is the current head of household different than the FSS applicant? _____ YES _____ NO

If yes, indicate their name and Social Security Number: _____

(Name)

(SSN)

I am interested in participating in the Housing Authority of the County of Santa Barbara's Family Self Sufficiency Program. Please contact me for an individual appointment when my application is selected for participation.

(Signature)

(Date)