

LMHA FAMILY SELF-SUFFICIENCY PROGRAM

Pre-Enrollment Form

How did you hear about this program?: _____

COMPLETELY FILL OUT THIS FORM.

Full Name: _____

Address: _____ Phone #: _____

Email Address: _____ Social Security Number: _____

Do we have permission to contact you and send period mailings and info to your email address: _____

1. Please List all family members who will be living in your housing unit, including the head of household. Give the relationship of each family member to the head of household.

Family Member	Name of Family Member	Relationship to Head of Household	Age	Sex	Ethnicity*
Head of Household		Self			
1					
2					
3					
4					
5					
6					

*Ethnic groups include:
White, African American, Hispanic, American Indian, Alaskan Native, and Asian/Pacific Islander

2. Are you (head of household) employed? _____ Yes _____ NO
 If yes, what is your job and employer: _____
 RATE OF PAY: \$ _____ per Hour / Week / Month (circle one)
 Hours worked per Week _____
 If unemployed, what type of income do you receive? _____

3. Are any other family members employed? _____ YES _____ NO
 If yes, please fill out the following information:

Family Members Employer Hourly Rate of Pay Hours worked per week

Family Members	Employer	Hourly Rate of Pay	Hours worked per week
		\$	
		\$	
		\$	
		\$	

