

THE HOUSING AUTHORITY OF THE CITY OF GREENVILLE, S.C.  
SELF-SUFFICIENCY PROGRAMS  
NOTIFICATION OF INTEREST

DATE: \_\_\_\_\_ PROGRAM \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

The \_\_\_\_\_ Program is designed to assist participants in becoming independent of governmental assistance. Completing this form in no way binds you to this program, guarantees you will be selected for this program nor does it effect your housing assistance.

Answer each question by circling YES or NO.

- |  |     |    |
|--|-----|----|
| 1. Do you have a high school diploma or GED?   | YES | NO |
| If no, would you like to earn one?   | YES | NO |
| Would you like to go back to school?   | YES | NO |
| 2. Would you like to learn to manage your money?   | YES | NO |
| 3. Do you have a job?  | YES | NO |
| If yes, where? _____   |     |    |
| 4. Would you like to go receive training for a better job or improve your present skills | YES | NO |
| 5. Would you like receive training in preparing resumes and completing job applications? | YES | NO |
| 6. Would you like to receive career counseling?  | YES | NO |
| 7. Do you need child care services if you attend school or Have a full time job?         | YES | NO |
| 8. Do you or any member of your household need alcohol or drug treatment?                | YES | NO |
| 9. Would you like family or individual counseling services?                              | YES | NO |
| 10. Would you be interested in homeownership classes?                                    | YES | NO |

11. Do you need legal assistance? YES NO

12. Do you have your own car? YES NO

13. Do you need health care services? YES NO

14. Would you be interested in attending support groups on topics such as single parents, etc.? YES NO

15. Please list any other help you need:

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

16. What are the names and ages of the people who live with you?

Name:

Age:

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

**OPTIONAL INFORMATION**

Your age: \_\_\_\_\_

Marital Status: Divorces \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Married \_\_\_\_\_

Race: African-American \_\_\_\_\_

Separated \_\_\_\_\_

Asian \_\_\_\_\_

Single \_\_\_\_\_

Caucasian \_\_\_\_\_

Native American \_\_\_\_\_

Other \_\_\_\_\_