Housing and Redevelopment Authority of Duluth, MN
222 East Second Street | PO Box 16900
Duluth, MN 55816-0900
(218) 529-6300

Family Self-Sufficiency Program
Pre-Application

APPLICANT INFORMATION	
SOCIAL SECURITY #:	DATE:
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
HOME PHONE:	WORK PHONE:

MARITAL STATUS:	RACE:	HIGHEST LEVEL OF EDUCATION COMPLETED: (please circle)
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed	☐ White, Caucasian ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian ☐ Other	1 2 3 4 5 6 7 8 9 10 11 12 or GED Vocational / Technical 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3 4

PRESENTLY ENROLLED IN:	I CURRENTLY USE THESE SERVICES: (check all that apply)	Please list all services (or anything else) you are NOT currently using, that you will need to achieve your goals:
☐ High School ☐ GED/Adult Basic Ed. ☐ College ☐ Technical Program ☐ Apprentice Program ☐ Other Training: (explain)	☐ Low Rent Public Housing ☐ Section 8 Housing ☐ MFIP ☐ Food Stamps ☐ Medical Assistance ☐ Subsidized Child Care ☐ General Assistance ☐ SS or SSI ☐ Dept. of Rehabilitative Svcs. ☐ WIA Services ☐ Student Financial Aid ☐ Employment Counseling ☐ Budget Counseling ☐ Homebuyer Education ☐ Personal / Family Counseling ☐ Other: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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BRIEFLY DESCRIBE YOUR GOALS FOR THE FUTURE:

WHAT STEPS DO YOU PLAN TO TAKE TO ACHIEVE YOUR GOALS?

CERTIFICATION

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of Applicant

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM