



## PS-S PROGRAM APPLICATION

*Please complete all sections to the best of your ability. If a question is not applicable, write "N/A" or leave blank. Fields marked with an asterisk (\*) are required. Incomplete applications will be removed from our list.*

Last Name*		First Name*		Date
Mailing Address*		City*		Zip*
Primary Phone*		Email Address		
Message Phone		Message Name / Relationship		
Date of Birth*		How did you hear about PS-S?		
<b>CHILDREN</b>				
<i>(List all living with you more than half of the time.)</i>				
Name*		Date of Birth*		Gender
Name		Date of Birth		Gender
Name		Date of Birth		Gender
Name		Date of Birth		Gender
Name		Date of Birth		Gender
<b>EDUCATION</b>				
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of graduation or GED:
Any college or vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates attended:	Credit hours completed:	Subject studied:
Did you graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what degree?		
<b>EMPLOYMENT</b>				
Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer:		Type of job / Industry:
		Hours per week:		Hourly wage:
<b>MONTHLY INCOME</b>				
<b>Source:</b>			<b>Amount:</b>	
<input type="checkbox"/> Employment			\$	
<input type="checkbox"/> TANF			\$	
<input type="checkbox"/> Public Assistance			\$	
<input type="checkbox"/> Child Support			\$	
<input type="checkbox"/> SSI			\$	
<input type="checkbox"/> Other (please describe):			\$	
<b>Total Monthly Income:</b>			<b>*\$</b>	

## HOUSING

*(This application is for the PS-S program **ONLY**. You must fill out a Housing Authority application for housing assistance.)*

Have you already applied for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are applying in Loveland, are you interested in living at the Willow Place housing site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from what agency?
Have you ever received housing assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from what agency?

## PERSONAL STATEMENT

*(This section is your opportunity to let us know about you and the things you have already achieved on your own.)*

What kind of work would you like to do?												
What training or education do you need in order to do this work?												
What could get in your way of achieving self-sufficiency? <i>(Check all that apply.)</i> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Job training</td><td><input type="checkbox"/> Learning disabilities</td><td><input type="checkbox"/> Substance abuse</td><td><input type="checkbox"/> Debt / defaulted loans</td></tr><tr><td><input type="checkbox"/> Housing</td><td><input type="checkbox"/> Childcare</td><td><input type="checkbox"/> Medical coverage</td><td><input type="checkbox"/> Health issues <i>(self/children)</i></td></tr><tr><td><input type="checkbox"/> Transportation</td><td colspan="3"><input type="checkbox"/> Other <i>(please describe):</i></td></tr></table>	<input type="checkbox"/> Job training	<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Debt / defaulted loans	<input type="checkbox"/> Housing	<input type="checkbox"/> Childcare	<input type="checkbox"/> Medical coverage	<input type="checkbox"/> Health issues <i>(self/children)</i>	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other <i>(please describe):</i>		
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<input type="checkbox"/> Transportation	<input type="checkbox"/> Other <i>(please describe):</i>											
What are you hoping to gain by participating in PS-S?												
Describe your positive qualities and strengths that make you a good candidate for Project Self-Sufficiency.												
What have you accomplished toward your goal of becoming self-sufficient?												

Please also provide a **LETTER OF REFERENCE** from someone whom you feel can comment on your strengths and your desire to become self-sufficient. The letter may be from a counselor, employer, minister, etc., but **NOT** from a family member or friend. Questions, applications, and reference letters may be directed to one of the following PS-S offices:

375 West 37<sup>th</sup> Street, Suite 150  
Loveland, Colorado 80538  
Phone: (970) 635-5912 | Fax: (970) 635-5910

1000 Centre Avenue, Suite 150  
Fort Collins, Colorado 80526  
Phone: (970) 407-0305 | Fax: (970) 407-0309

**By signing below, I affirm that all information on this application is correct to the best of my knowledge. I also understand that I must keep PS-S informed of any changes to my application (i.e., address or phone number) or my name will be removed from the waiting list.**

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Project Self-Sufficiency of Loveland-Fort Collins (PS-S) is a local nonprofit organization supported by United Way, local governments, and private funders. PS-S does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, or disability in the admission, access, or appointment to, or treatment or employment in its programs or activities.*