



City of Parma, Ohio

TIM DeGEETER
MAYOR



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Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
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Family Self-Sufficiency (FSS) Program Application

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Are you currently receiving HCV Assistance from PPHA? YES NO

Note: You must currently be enrolled in the PPHA Housing Choice Voucher Program. Persons on the PPHA Public Housing Program are not eligible for the FSS Program.

Are you currently employed? YES NO If so, where? _____

Job Title: _____ Hours per week: _____ Job Duties: _____

Are you currently enrolled in a school or training program? YES NO

If so, where? _____ Major: _____

When will you graduate? _____ Type of Degree: _____

Is anyone in your household currently receiving welfare cash assistance? YES NO

Note: Your answers to the above questions will not be used against you or for you in any manner in regards to the selection of persons for participation in the FSS Program. The information you provide on this application will only be used to assess your needs in setting and defining goals to be accomplished should you be invited to join the program.

I understand that this is an application for the Housing Choice Voucher Family Self-Sufficiency Program. I also understand that the number of people PPHA can accept into the program is limited and that no guarantee of acceptance into the program has been made or implied by the Parma Public Housing Agency.

Applicant Signature: _____

Date: _____