



GOALS Program Application (Family Self-Sufficiency)

The GOALS program works to promote self-sufficiency through linkages to supportive services, access to education, employment training, asset development and home ownership opportunities.

Applicant Information: Please print clearly and fill in ALL blanks.

Head of Household:

First Name: _____ MI _____ Last Name: _____

Social Security #: _____ Home Forward Property Name (if applicable): _____

Street Address: _____ Apt. No. ____ City, State & Zip Code: _____

Work: () _____ Home: () _____

Message: () _____ E-Mail: _____

Household Information:

Please list all members of your household.

Member	Name	Gender	Age
Self			

Housing Information:

The GOALS program is for residents of Home Forward assisted housing.

Are you living in Home Forward assisted housing?

Yes No

What type of housing are you living in?

Section 8 Yes No

Public Housing Yes No

Goals for the Future:

What type of job and/or education would you like to have? _____

How would being on the GOALS program help you with your future plans? _____

Employment Information (you are not required to be employed to apply for GOALS, but during participation in GOALS you must seek and maintain employment. GOALS graduation requires suitable employment):

Current Occupation: _____

Employer: _____ Hours worked per week: _____

If you aren't working, are you interested in getting a job? Yes No

If you currently have a job, do you want to advance or get a better job? Yes No

For Home Forward use only:

Date Application Received _____ Date Entered in Yardi _____ t Code _____

in House _____ GPP _____ EI \$ _____

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Education Completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 2yr Assoc., 4yr Bachelor or Masters
Circle the highest grade completed.

GOALS Program Preferences: GOALS provides a selection preference for half of our GOALS slots to families with a family member enrolled in a Family Self Sufficiency (FSS) related service program (at the time of application). In the last 6 months have you applied for or are you currently participating in any of the following FSS-related programs? **PLEASE ATTACH PROOF OF APPLICATION OR PARTICIPATION**

Program	Applied	When?	Participating
Apprenticeship Program	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
Small Business Development Programs	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
WorkSource Programs (Welcome Process, Vocational training, etc)	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
Financial Management Programs (Credit Repair, Budgeting, Homeownership Counseling, etc.)	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
Post-Secondary Programs	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
GED/ABE Program	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
JOBS Plus Program	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
Multnomah County SUN Services	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes
Other _____	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes

Contact Information:

The GOALS program is committed to serving all Home Forward residents who qualify for the program. Please answer the following questions so we can assist you better.

Please list the languages you speak:

Primary Language _____

Second Language _____

Do you need an interpreter? Yes No If Yes, in what language? _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Home Forward. For a reasonable accommodation related to our GOALS program please contact Eva Erickson, 503.802.8355, 135 SW Ash St, Portland OR 97204, Eva.Erickson@homeforward.org.

Signature: Please read and sign

I hereby certify and affirm under penalties of perjury that the above information is true and correct. I understand that Home Forward might verify the statements herein, and I have no objections to inquiries being made. I understand that in order to receive a preference on the waitlist, I will need to provide proof that I am currently enrolled in an FSS-related service program. If I cannot provide evidence of enrollment, I will not receive a preference. If I am currently enrolled in a FSS-related program and complete the program prior to being selected from the GOALS waitlist, documentation of completion of the program will make me eligible for the preference. If I enroll in an FSS-related service program after submission of this application, I may inform Home Forward, and my application will be updated.

Signature of GOALS Applicant

Date

**RETURN TO: HOME FORWARD: 135 SW Ash St, Portland, OR 97204
Attention: GOALS**