



Pierce
County
Housing
Authority

FAMILY SELF-SUFFICIENCY / HOMEOWNERSHIP APPLICATION
PIERCE COUNTY SECTION 8 RECIPIENTS ONLY

ABOUT YOU THE APPLICANT

Name: _____ Social Security Number: _____

Phone: _____ Work: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Household members:	Relation to head of household:
<i>EXAMPLE: YOUR SPOUSE'S NAME HERE</i>	<i>SPOUSE</i>

1) _____

2) _____

3) _____

4) _____

5) _____

YOUR EMPLOYMENT:

Current Employer: _____

Hours: _____ Pay Per Hour _____

How often are you paid Weekly Twice Monthly Monthly

Spouse EMPLOYMENT:

Current Employer: _____

Hours: _____ Pay Per Hour _____

How often are you paid Weekly Twice Monthly Monthly

Other Employment:

Current Employer: _____

Hours: _____ Pay Per Hour _____

How often are you paid Weekly Twice Monthly Monthly

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Name:

Social Security Number:

Career goals:

Educational Goals:

What might improve your income in the next five years?

How is your credit? (Any late pays, collections or bankruptcies?)

Your Signature:

Date:

Please submit this application to: Pierce County Housing Authority – Robert Rowlands
P.O. Box 45410, Tacoma WA 98445