



Lonoke County Housing Authority

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Public Housing Section 8
FAMILY SELF-SUFFICIENCY APPLICATION FORM

Date: _____ Client# _____ Home/Cell Phone # _____

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security # _____ Gender: Male Female

Address: _____

Street Name

City

Zip Code

<u>Race/Ethnicity</u>	<u>Marital Status</u>	<u>Education</u>
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Single	<input type="checkbox"/> Grade School
<input type="checkbox"/> Black	<input type="checkbox"/> Married	<input type="checkbox"/> High School/GED
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Divorced	<input type="checkbox"/> Vocational/Technical
<input type="checkbox"/> Asian	<input type="checkbox"/> Separated	<input type="checkbox"/> College
<input type="checkbox"/> American Indian	<input type="checkbox"/> Widowed	If you did not complete High School/GED, what is the last year that you completed? _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Common Law	

Employment

Are you currently employed?

Yes

No

If you checked Yes, where are you employed?

Company Name: _____

Company Address and Phone #: _____

If you checked No, when is the last time you were employed? Month _____ Year _____

Are you a Veteran?

Yes No

Time with Section 8/Public Housing

Less than 6 months

1 Year

2 Year

More than 2 Years

Do You Have Children?

Yes

No

Do all of your children live with you?

Yes

No

If Yes, how many? _____ Ages? _____, _____, _____, _____

Benefit Status (Mark all that apply)

Food Stamps

Social Security SSI TANF

Medicaid

Health Insurance Medicare

Child Care Assistance

No Benefits

Completed By: _____

Name

Date

We do business in accordance with the Federal Fair Housing Law which states: It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.