

**Jefferson County Housing Authority
Family Self-Sufficiency
Information Update Form**

Name: _____

Address: _____ **City** _____ **Zip Code:** _____

Home phone: _____ **Cell phone:** _____ **Alt. phone:** _____

1. Are you currently employed? ____ yes ____ no **If yes, are you employed full-time or part-time?** _____

2. Employer's Name: _____ **Start Date:** _____

What is your current job title? _____

What type work do you currently perform in your current position?

Do you have health benefits? _____

3. Are you currently enrolled in school? _____ **If yes, where**

4. Are you enrolled part-time or full-time? _____

What is your major? _____

Expected Graduation Date: _____

5. Are there any adult household members who are interested in enrolling in the Family Self-Sufficiency program? ____ **If so, who?** _____

Signature: _____ **Date:** _____