

**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: \_\_\_\_\_