

Asheboro Housing Authority

R.O.S.S. Service Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Intake Date: _____ Birth Date: _____

Are you the Head of Household? YES NO

Are you a veteran? YES NO

Are you disabled? YES NO

Years in subsidized housing?

Do you have a child in daycare?
YES NO

Do you receive a rent deduction for childcare?
YES NO

Do you receive SSI, SSDI, SNAP, or TANF benefits? YES NO

Which benefits to you receive?

Are you currently employed? YES NO

Full Time? Part Time? Seeking? _____

Date you entered your current employment status? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact

Please list one emergency contact references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By completing this application, I understand that I am agreeing to receive case management services to ensure that I receive information about local services, courses, and trainings to gainfully pursue self-sufficiency. I understand that all information provided to the R.O.S.S Service Coordinator is confidential, unless I have signed a release form or have mentioned hurting myself or others.

Signature: _____ Date: _____

Please return this application Janet via email jhatcher@asheboroha.org or by using the dropbox at the main office.

Office Use Only

Service State Date: _____ Service End Date: _____

Service provided _____

Service Plan Completed? _____ Service Referral? _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____