



Self-Sufficiency Program (SSP) Housing Scholarship Pre-Application
To be completed by all adults in the household applying to the program

Date _____

Applicant #1 Name _____

Applicant #2 Name _____

Address _____

Address _____

Email Address _____

Email Address _____

Cell Phone _____

Cell Phone _____

Date of birth _____ Marital Status _____

Date of birth _____ Marital Status _____

If under 18, are you an emancipated minor? Yes No

If under 18, are you an emancipated minor? Yes No

Age/Gender of Dependent Children _____

ACCREDITED ACADEMIC SCHOOL OR TRAINING PROGRAM

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() I'm attending an accredited academic school or training

() I'm attending an accredited academic school or training

School _____

School _____

Major/Educational goal _____

Major/Educational goal _____

How long will it take to complete? _____

How long will it take to complete? _____

HOUSING SITUATION: Current rent _____ () Homeless () With friend/family () Renting apartment () Renting room

Please check all that apply (for you and your partner, if applicable)

- () I am over the age of 18
() I am a Transitional Aged, current, or former foster youth 18 and over
() I am a parent with minor children under the age of 18, living with me at least 50% of the time
() I live, work, or attend school in San Mateo County
() I have the legal right to work in the United States
() I am enrolled and currently taking courses in a vocational training or an education program
() My educational or training program will be completed within 1 to 5 years
() My educational or training program will increase my earning power and lead to financial self-sufficiency
() I have met with an academic advisor to view my educational plan and have received a copy of my Student Education Plan
() If in recovery, I have been clean & sober for at least 6 months
Which treatment program _____ For how long _____ Completion date _____

PLEASE INDICATE YOUR FAMILY'S GROSS ANNUAL INCOME BASED ON YOUR FAMILY SIZE AND AREA MEDIAN INCOME (AMI)

- () 30% of AMI 2 persons (\$44,750 or less) 3 persons (\$50,350 or less) 4 persons (\$55,900 or less)
() 50% of AMI 2 persons (\$44,751-74,600) 3 persons (\$50,351-83,900) 4 persons (\$55,901-\$93,200)
() 80% of AMI 2 persons (\$74,601-\$119,300) 3 persons (\$83,901-134,200) 4 persons (\$93,201-149,100)

By signing below, I acknowledge the information above is true. I also give my permission for HIP Housing to run a criminal/background check.

Signature _____

Signature _____

Send this Pre-application and the Personal Reference Form to Tafisi Suafai at tsuafai@hiphousing.org or by fax to (650) 348-0284 or mail to HIP Housing 800 S. Claremont #210, San Mateo CA 94402. Questions? Contact (650) 348-6660 x380

Confidentiality: Application information is confidential with some exceptions which are allowed or mandated by law including: if the applicant is a danger to self or others, suspected abuse or neglect of children or the elderly, by court order, or discussions with professionals for consultation.