



BUCKNER

Self-Sufficiency Program Application

⇒ **FOR YOUR APPLICATION TO BE CONSIDERED, ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AT THE TIME YOU SUBMIT YOUR APPLICATION. WE WILL NOT ACCEPT APPLICATION WITHOUT ALL THE FOLLOWING DOCUMENTS:**

1. All verification documents that accompany this application **must be less than 30 days old.**
2. An official college transcript or advising report.
3. If you are not currently enrolled in college, please provide copies of your high school transcript or your GED and THEA scores.
4. Pell Grant Award and FASFA Award letter. > Are you in need of assistance with securing financial aid? ____ Yes ____ No
5. Copy of acceptance letter from Angelina College.
6. Copy of Social Security cards for applicant and all children in household.
7. Copy of driver's license or Texas ID.
8. Certified copy of birth certificates (not from hospital) for applicant and all children in household.
9. Verification of Texas state residency (must have lived in Texas 12 months to be eligible for in-state tuition).
10. Documentation of all income (pay stubs, TANF, Child Support, parental support, and/or other income).
11. Three (3) letters of recommendation from people (**non-family members** - example: former teacher, pastor, employer, etc.) who know you well and can inform us about your character. **Reference letters must have the name, address and phone number of the person writing the letter.**

⇒ **COMPLETE ALL FORMS. BE SURE YOU ANSWER EVERY QUESTION. If it does not apply to you, put N/A in the blank.** All information is confidential.

Name _____ Home Phone () _____

Current Address _____ Other Phone () _____

Email address _____

City, State, ZIP _____ County _____

How long have you lived in this County? _____ SS # _____ Driver's License # _____

Have you ever plead guilty to, been convicted of, or received probation, deferred adjudication or pretrial diversion for any criminal offense, other than minor traffic citations? ____ Yes ____ No If yes, provide information on criminal offense, date, location (city and state) and disposition _____

Are you currently serving probation, deferred adjudication, or pretrial diversion for any criminal offense? ____ Yes ____ No If yes, provide information on criminal offense, current status and expected date of completion _____

Have you ever been convicted of a felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance? ____ Yes ____ No If yes, please explain _____

Commission of a crime will not be an automatic bar to consideration for the program; however, applicants convicted of certain criminal offenses may be deemed ineligible.

Do you smoke? ____ Yes ____ No

Person / agency / church that referred you to this Buckner program? _____ Relationship _____

Ethnicity (This information is optional and is collected to assure compliance with Fair Housing and Equal Opportunity rules):

____ White ____ African American ____ Hispanic ____ Asian ____ Native American

HOUSEHOLD COMPOSITION: (List yourself and all family members who will be living in the rental unit, along with their relationship to you.)

Family Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security #
	(Self)				

Do you have LEGAL CUSTODY of the children listed above? ____ Yes ____ No If no, explain _____

Do you have other children not listed? ____ Yes ____ No If yes, explain _____

Date Rec'd: _____

Have you filed for CHILD SUPPORT? If yes, what is your monthly child support payment amount? \$ _____ and CIN # _____

If yes, you must submit proof of the child support payments. If child support is not being received, you still must submit proof from the OAG that you are receiving \$0.00 in child support, and that your case is in enforcement. If no, you must apply for child support at the Office of the Attorney General before submitting this application.

To be considered for the Family Place program, you MUST apply for any benefits –

Child Support, Childcare Assistance (CCMS), Food Stamps, Medicaid Benefits, CHIP, WIC, etc. - that will assist you financially.

All verification documents that accompany this application must be less than 30 days old.

Food Stamps ____ Yes ____ No If yes, amount \$ _____ WIC ____ Yes ____ No
Medicaid Benefits ____ Yes ____ No CHIP ____ Yes ____ No Medical Insurance ____ Yes ____ No
Current employer _____ Weekly # of hours employed _____
Hourly Pay \$ _____ Current Year's Earnings \$ _____

TOTAL MONTHLY INCOME (Income from work, TANF, child support, relatives, friends, and/or other)

Earned income from work \$ _____
Financial Assistance from parents (Monthly income) \$ _____
What is your parent(s)' gross monthly income? \$ _____
TANF (Monthly income) \$ _____
Child Support (Monthly total income for all children) \$ _____

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES (Verification for each expense is required, and documents **must be less than 30 days old.**)

Rent (Monthly cost to landlord or relative) \$ _____
Child Care (Monthly cost for _____ children under the age of 12) \$ _____
Medical Expenses (Monthly payment) \$ _____
Car Note (Monthly payment) \$ _____
Car Insurance (Monthly premium cost) \$ _____
Utilities (Monthly total of water, gas, electricity) \$ _____
Personal Loans (Total amount of loan(s) \$ _____ / Monthly payment) \$ _____
Student Loans (Total amount of loan(s) \$ _____ / Monthly payment) \$ _____
Credit Cards (Total amount of credit card debt \$ _____ / Monthly) \$ _____
Other (Monthly costs – list: _____) \$ _____
List expenses associated with a disability for any household member listed above? \$ _____

Please explain _____

TOTAL MONTHLY EXPENSES \$ _____

ACADEMIC: (Information requested below should match any attached documents.)

_____ Last Grade Completed _____ High School Diploma _____ GED

Are you currently enrolled in a training program? ____ Yes ____ No Please explain _____

THEA (formerly called TASP) Results (list scores): ____ Math (230) ____ Reading (220) ____ Writing (230)

Currently enrolled in college? ____ Yes ____ No If yes, name of institution _____

Number of semester hours _____ List number of credit hours from other colleges/universities _____

College GPA _____ Academic Major _____

To be considered for the Family Place program, you must submit your Pell Grant Award letter and your FAFSA Award letter!!

Pell Grant amount \$ _____ Are you in default with any student loans? ____ Yes ____ No

Please check any that apply and give a brief explanation:

____ Are you currently without a home, living with family/friends or living in substandard housing? If so, explain _____

