



Dear Applicant:

Thank you for your interest in Project Self-Sufficiency!

The first step is to submit an application (attached).

Please be sure to review eligibility requirements carefully (they are listed on the application).

The second step is to complete two walk-in help sessions.

You do not need to schedule an appointment in advance. We encourage you to plan 20-40 minutes for each of your walk-in visits.

Wednesdays from 3-5pm

Thursdays from 11am-1pm

Please note: there will be no walk-ins the weeks of Thanksgiving, Christmas and New Year's.

****YOU MUST COMPLETE TWO WALK IN HELP SESSIONS WITHIN SIX MONTHS
FROM APPLICATION DATE****

The third step is to complete an interview.

Applicants who complete two walk-in help-sessions will be contacted for interviews as openings become available.

You will receive an e-mail letter confirming that we have received your application and informing you of your application expiration date.

Fort Collins Applicants: Please contact Susan at 970-407-0305 ext. 5 or susan@ps-s.org should you have any questions or concerns.

Loveland Applicants: Please contact Jason at 970-635-5912 or jason@ps-s.org should you have any questions or concerns.

We look forward to assisting you in any way we can.



PROJECT SELF-SUFFICIENCY PROGRAM APPLICATION

Please complete all sections to the best of your ability. If a question is not applicable, write "N/A" or line through. Fields marked with an asterisk (*) are required. Incomplete applications will be removed from our list.

Financial Eligibility Criteria

Project Self-Sufficiency uses 185% of the Federal poverty level to determine program eligibility. The following guidelines are used:

Family Size Including Parent	Maximum Annual Income	Maximum Monthly Income
Single parent with 1 child	\$30,044	\$2,503
Single parent with 2 children	\$37,777	\$3,148
Single parent with 3 children	\$45,510	\$3,793
Single parent with 4 children	\$53,243	\$4,437
Single parent with 5 children	\$60,976	\$5,081

*retrieved from <https://aspe.hhs.gov/poverty-guidelines> on 1/20/2017



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EMPLOYMENT

Employer Name (if applicable) Job Title Hours per Week Hourly Wage

***MONTHLY INCOME** (please fill out all that apply)

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Employment | \$ _____ | <input type="checkbox"/> Child Support/Alimony | \$ _____ |
| <input type="checkbox"/> TANF | \$ _____ | <input type="checkbox"/> Child Support/Alimony | \$ _____ |
| <input type="checkbox"/> SNAP/Food Stamps | \$ _____ | <input type="checkbox"/> Supplemental Security Income | \$ _____ |
| <input type="checkbox"/> Other: | _____ | \$ _____ | |

***Total Monthly Income:** \$ _____

PERSONAL STATEMENT (Answer the questions below to tell us more about you and the things you have already achieved on your own)

- *What is your career goal? _____
- *What have you accomplished toward your goal of becoming self-sufficient? _____

What areas do you need extra support with in order to achieve your goals? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Debt / defaulted loans | <input type="checkbox"/> Medical coverage |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Housing | <input type="checkbox"/> Health issues (self/children) |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other (please describe): _____ | | |

- *Describe your positive qualities and strengths that make you a good candidate for Project Self-Sufficiency: _____

LETTER OR REFERENCE

A letter of reference is required. It should be from someone who can comment on your strengths and desire to become self-sufficient. Examples of people who can write letters are counselors, supervisors, co-workers, or a leader from your place of worship.

APPLICANT CERTIFICATION

By signing below, I affirm that all information on this application is correct to the best of my knowledge. I also understand that I must keep Project Self-Sufficiency informed of any changes to my application (i.e., address or phone number) or my name will be removed from the waiting list.

Signature: _____ Date: _____

Questions, applications, and reference letters may be directed to info@ps-s.org or one of the following offices:

375 West 37th Street, Suite 150
Loveland, Colorado 80538
Phone: (970) 635-5912 | Fax: (970) 635-5910

2001 South Shields Street, Unit D-203
Fort Collins, CO 80526
Phone: (970) 407-0305 | Fax: (970) 407-0309

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