



**MARIETTA HOUSING AUTHORITY**  
 Family Self-Sufficiency Program  
 95 Cole Street  
 Marietta, Georgia 30060  
 (770) 419-5154 Fax: (770) 419-3217  
 www.mariettahousingauthority.org



**Dear Potential Family Self-Sufficiency Program Participant:**

This brief survey is to help us learn more about your interests and goals in the **Family Self-Sufficiency Program (FSS)**. **To qualify, you must be on our Housing Choice Voucher Section 8 Program.** To assist us in this process, please provide your updated contact information and confirm your interest by information below. Please return the completed form to the **Attn: Dr. Regina DeLay** at the above address or fax number indicated.

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Employment Status:  Employed  Unemployed Have you participated in an FSS Program before? \_\_\_\_\_

If Employed:  Full-time  Part-time Are you currently on an HCV Section 8 Program? Yes  No

Circle your areas of interest:

- |                               |                              |                    |
|-------------------------------|------------------------------|--------------------|
| • Education                   | Parenting Skills/Life Skills | Money Management   |
| • Transportation              | Self-Esteem/Motivation       | Mentoring/Coaching |
| • Employment/Under-Employment | Medical Assistance           | Entrepreneurship   |
| • Credit/Budgeting            | Homeownership                | Financial Services |
| • Counseling                  | Self-Sufficient              | Mental Health      |

My Long-Term Goal(s):

My Short-Term Goal(s):

Yes, I am interested in services, please contact me at: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_