



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: _____