



**MARIETTA HOUSING AUTHORITY**  
 Family Self-Sufficiency Program  
 95 Cole Street  
 Marietta, Georgia 30060  
 (770) 419-5154 Fax: (470) 924-1117  
 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 with the information below. Please return the completed form to the **Attn: Dr. Regina DeLay** at [rdelay@mariettahousingauthority.org](mailto:rdelay@mariettahousingauthority.org) or fax 470-924-1117.

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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 the MHA HCV Section 8 Program? Yes  No

**Circle your areas of interest:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Mentoring/Coaching          | <input type="checkbox"/> Homeownership      |
| <input type="checkbox"/> Parenting Skills/Life Skills | <input type="checkbox"/> Employment/Under-Employment | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Money Management             | <input type="checkbox"/> Medical Assistance          | <input type="checkbox"/> Counseling         |
| <input type="checkbox"/> Transportation               | <input type="checkbox"/> Entrepreneurship            | <input type="checkbox"/> Self-Sufficient    |
| <input type="checkbox"/> Self-Esteem/Motivation       | <input type="checkbox"/> Credit/Budgeting            | <input type="checkbox"/> Mental Health      |

My Long-Term Goal(s): \_\_\_\_\_

\_\_\_\_\_

My Short-Term Goal(s): \_\_\_\_\_

\_\_\_\_\_

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

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