



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 or fax 470-924-1117.

.....
 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: _____