

Family Self-Sufficiency Statement of Interest

NOTE: Please print all requested information

General Information

Date: _____

Name: _____

(First, Middle, Last)

Address: _____

Home/Message Telephone: _____ Cell/Work Telephone: _____

_____ Yes, I am interested in the Family Self-Sufficiency (FSS) Program

_____ Please contact me about the next workshop

_____ No, I am not interested in the FSS program at this time. (If I am interested at a later date, I will contact the Family Self-Sufficiency Coordinator at the Winder Housing Authority (678-425-6960).

Signature of Resident: _____ Date: _____

Comments: _____

Winder Housing Authority

11 Horton Street

Winder, Georgia 30680

(678) 425-6960 phone

(770) 307-1548 fax