



Housing Authority

OF THE CITY OF PRICHARD, ALABAMA
P.O. Box 10307 • Prichard, Alabama 36610
Tel: (251) 456-3324 • Fax: (251) 456-3350

FAMILY SELF-SUFFICIENCY INTEREST FORM

Name _____
SSN _____
Current Address _____
City State Zip Code _____
Phone Number (Home and Cell) _____

Please check all that apply:

How did you hear about the FSS Program?

- HCV Briefing
- FSS Coordinator
- Occupancy Specialist
- Property Manager
- Friend
- Other _____

Have you ever attended a FSS orientation at Prichard Housing Authority? Yes No

Have you ever enrolled in a FSS Program? Yes No

Please check any needs you currently have.

- GED
- Adult Basic Education
- Employment
- Child Care
- Health Services
- Literacy
- College
- Business Ownership
- Transportation
- ESL
- Financial or Credit Counseling
- Drug Counseling
- Family Counseling
- Parenting Skills
- Job Training

Signature of Family

Date

OFFICE USE ONLY

Last Recertification _____

Family must have a recert or interim completed within 120 days prior to COP execution.

Any Current Lease or Voucher Violations _____

Family must not have any outstanding lease or voucher violations. If necessary, attach explanation.

Occupancy Specialist

Date

Received by _____, FSS Coordinator _____ (Date)