



Housing and Community Services
Housing Choice Voucher Program

Family Self-Sufficiency Interest Form

Thank you for your interest in the Wichita Housing Authority Family Self-Sufficiency (FSS) Program. If you are a current HCV participant, please complete this form and return it to the Wichita Housing Authority.

Date _____

Name _____

Address _____

Street

City, State, Zip Code

Social Security # _____

Phone # _____

Email _____

What is your current employment status? Full Time Part Time Unemployed

Do you receive Cash Assistance from DCF? Yes No

Does the Head of Household currently receive SS/SSI? Yes No

Please check the box for all goals you are interested in accomplishing:

- | | |
|--|---|
| <input type="checkbox"/> GED/High School Diploma | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> College/Vocational Training | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment | _____ |
| <input type="checkbox"/> Credit Improvement | _____ |
| <input type="checkbox"/> Home Ownership | _____ |

Please give a brief summary of why you are interested in the FSS program.

Signature

Office Use Only

Date Received _____ HAP # _____ HS _____