

Department of Housing Services  
Wichita Housing Authority

FAMILY SELF-SUFFICIENCY INTEREST FORM AND  
PRE-ENROLLMENT FORM

Date \_\_\_\_\_

Time \_\_\_\_\_

HAP# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/ Cell Phone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box for those goals you are interested in accomplishing.

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

Your signature below will affirm your interest in the FSS program. You also understand that the FSS program will require you to seek and maintain employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_