



M O N T G O M E R Y  
H O U S I N G A U T H O R I T Y

**FAMILY SELF-SUFFICIENCY/HOMEOWNERSHIP PROGRAM  
INTEREST FORM**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you interested in FSS \_\_\_\_\_ Homeownership \_\_\_\_\_ or Both Programs \_\_\_\_\_?

Please check **all** that apply:

1. How did you hear about the FSS / Homeownership programs?

- Self Referral
- FSS Case Manager
- Public Housing Manager
- Other \_\_\_\_\_
- Relocation/Transfer Briefing
- Section 8 Case Manager
- Friend

2. Have you been invited or ever attended a FSS or Homeownership orientation in the past?

If yes, did you attend? Yes ( ) No ( )

Did you enroll into the FSS program? Yes ( ) No ( )

Did you receive a Homeownership Voucher to search for a home? Yes ( ) No ( )

3. Please check any current needs you may have:

- GED
- ESL
- College
- Child Care
- Parenting Skills
- Literacy Classes
- Drug Counseling
- Family Counseling
- Employment
- Transportation
- Financial / Credit Counseling
- Adult Basic Education
- Business Ownership
- Survival Skills
- Health Services

**Per the FSS Contract of Participation (COP), the client must have a current reexamination / interim completed within 120 days prior to the execution of the COP.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Client Number: \_\_\_\_\_

Last Re-exam / Interim: \_\_\_\_\_

FSS Status: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

FSS / HCVHP Case Manager: \_\_\_\_\_

Attended Orientation Yes \_\_\_\_\_ No \_\_\_\_\_