The Housing Authority of the City of Bessemer

Family Self-Sufficiency (FSS) Program – Interest Form

Thank you for your interest in the Family Self-Sufficiency (FSS) Program. Please complete the form below. A program coordinator will contact you to discuss your eligibility and next steps.

1. Contact Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address:

_____

_____

2. Housing Information

Are you currently a participant in the Housing Choice Voucher (Section 8) Program or Public Housing? ☐ Yes ☐ No

If yes, what is the name of your housing agency?

_____

3. Employment & Education

Are you currently employed? ☐ Yes ☐ No If yes, where? _____

What is your highest level of education completed?

☐ Less than High School

☐ High School Diploma/GED

1515 Fairfax Avenue Bessemer, AL. 35020
Phone: 205-481-4420 Fax: 205-481-4430

☐ Some College
☐ Associate Degree
☐ Bachelor's Degree or higher

4. Goals and Interests

What are your personal or family goals? (Check all that apply)

☐ Obtain employment
☐ Increase income
☐ Continue education
☐ Start a business
☐ Purchase a home
☐ Other: _____

Briefly describe why you are interested in the FSS Program:

_____
_____
_____

5. Preferred Method of Contact

☐ Phone ☐ Text ☐ Email

Signature: _____ Date: _____