



FAMILY SELF-SUFFICIENCY (FSS) PROGRAM Application

You will be added to the Family Self-Sufficiency Program's Waiting List in the order that your application is received.

To be completed by the Head of Family:

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Which Housing Assistance do you currently receive? Section 8 Public Housing

Current Housing Manager/Specialist: _____

Have you attended a Family Self-Sufficiency Program Orientation? Yes No

Preferred language for communication (if not English): _____

Signature

Date

Upon request, Housing Connect will provide reasonable accommodations for individuals with disabilities.

Please return this completed application to Housing Connect. Application can be hand delivered, mailed, faxed, or emailed.

3595 South Main Street
Salt Lake City, UT 84115

armantrout@housingconnect.org

801-284-4406 (fax)

To be completed by Family Self-Sufficiency Program Coordinator:

Date & Time Application Received:

Additional Notes:

Date/Case Manager assigned:

Additional Notes:

