



Family Self-Sufficiency Pre- Enrollment Information

Name: _____

Address: _____

Phone: _____ Day _____ Night

When is a good time to contact you? _____

Children and ages: _____

Is childcare an issue for you: Yes _____ No _____

Are you currently working? _____

Current rate of pay if working: _____

Why are you interested in the Family Self-Sufficiency Program?

Thank you for your interest. Please return this form to:

Chelsea Housing Authority
Attn. Monica Fuentes
54 Locke Street
Chelsea, MA 02150