



Family Self -Sufficiency Sign-Up

_____ Yes, I am interested! Please have a Family Self-Sufficiency Coordinator contact me so that I can learn more about the program.

_____ I am not interested at this time. I will contact you, at a later date should I decide to learn more about the program.

Please indicate the Agencies and Programs in which you participate

_____ Hagerstown Community College (WAGES)

_____ Western Maryland Consortium

_____ Community Action Council

_____ Department of Social Services

_____ Other educational, vocational, training or GED _____



Head of Household: _____

Address: _____

Telephone: _____

Social Security Number: _____



**Who holds the key to your success?
Hagerstown Housing Authority
35 West Baltimore Street
Hagerstown, Maryland 21740
Telephone: 301-733-6911
Fax: 301-733-7298
Email: hhastaff@hagerstownha.com**