

Agency of Polk County

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www.wvpha.org

## FAMILY SELF-SUFFICIENCY PROGRAM PRE-APPLICATION

To help ensure we have the correct information, please print clearly. Head of Household Name Address STZIP City **Daytime Phone** Cell Phone / Message Phone I am interested in scheduling an interview for the FSS Program as openings become available. The best time to contact me would be: mornings afternoons evenings (please circle one) I understand that until openings in the program become available, I will be placed on a waiting list in order by the time and date my pre-application is received by the Housing Authority. Signature Date