Malden Housing Authority

Family Self-Sufficiency Pre-Enrollment Information

Name: _____

Address: _____
_____

Phone#: _____ DAY_____ Evening _____

Email: _____

When is a good time to contact you: _____

Children and ages:_____

Is childcare an issue for you? _____

Are you currently working? Yes [] No []

What type of work?_____

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:
Linden Management Office
64 Wescott St.
Malden, MA 02148

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