



FAMILY SELF SUFFICIENCY PROGRAM GRADUATE REQUEST

Date: _____

Participant's Name: _____ Resident Number: _____

FSS Contract Start Date: _____ FSS Contract End Date: _____

Contract Extension End Date: _____

Note: In order to successfully complete the FSS program and become eligible for escrow funds, you must meet all mandatory requirements listed below:

1. **The head of household has maintained full-time employment (minimum of six consecutive months); except disability allowance, prior to successful completion date.**
2. **All family members have remained independent of welfare assistance (TANF) for at least 12 consecutive months prior to the end of the contract or successful completion date.**
3. **The Family has fulfilled its responsibilities under the contract. This includes being in good standing with the Richmond Redevelopment and Housing Authority and in compliance with the lease agreement, with no current or anticipated debt owed to the Landlord.**
4. **Achieved all personal goals listed on your Individual Training and Service Plan (ITSP).**

If you feel that you have met all the obligations listed above, continue.

PARTICIPANT CERTIFICATION OF FSS PROGRAM COMPLETION

For the purpose of determining eligibility of program completion and the final disbursement of escrow funds, I certify that the following is true, as of _____ **(date of request)**.

Note: Welfare Assistance for the FSS program means; income assistance from Federal or State Welfare programs; and includes cash assistance designated to help the family with meeting their ongoing basic needs.

Please initial all that apply:

_____ I certify that no member of my household has received welfare assistance within the last 12 months.

_____ I certify that I am currently employed

_____ I certify that I have completed all of the goals listed on my Individual Training and Services Plan/ FSS Contract

_____ I certify that I am compliant with all terms of my lease agreement

Head of Household Name: _____

Last four of Social Security Number: _____

Head of Household Signature: _____ Date: _____



FAMILY SELF SUFFICIENCY PROGRAM GRADUATE INFORMATION

Participant Name: _____ Resident ID: _____

Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

1. How many people are in your household? Adults ____ Children ____
2. How many adults are employed? _____
3. Are you receiving any of the following benefits?
 Temporary Cash Assistance ____ SSI/SSDI ____ Child Support ____ Food Stamps ____
 Unemployment ____ Medicaid ____ Medical Assistance ____ Employee Sponsored Benefits ____
4. Do you have a GED or a High School Diploma? Yes ____ No ____
 If yes, which? High School Diploma ____ GED ____
5. Have you completed an educational or training program while enrolled in the FSS program? Yes ____ No ____
 If yes, describe:

6. Have you received any certifications or degrees while enrolled in the FSS program? Yes ____ No ____
 If yes, describe:

7. Are you currently employed? Yes ____ No ____ Full-time ____ Part-time ____
 Wage/Salary: _____ What is your Job title? _____
 How long have you been employed with this company? _____
 Name and Address of Employer:

8. Do you have a savings account? Yes ____ No ____
9. Do you have a financial budget? Yes ____ No ____
10. Are you interested in Homeownership? Yes ____ No ____

FAMILY SELF SUFFICIENCY Program Participant Questionnaire

Date: _____

Participant's Name: _____ Client ID#: _____

1. Please provide your date of birth: _____ Age: _____ Ethnicity: _____
(Optional) (Optional)

2. How did you hear about the FSS program?

3. Why were you interested in joining the FSS program?

4. How has the FSS program impacted your life and the lives of your family members?

5. What have you gained by being apart of the FSS program?

6. Which of the following aspects of the FSS program had the greatest impact on your motivation to successfully complete the FSS program?

Advising _____ Agency Referrals _____ Workshops _____ Employment Notifications _____

Other: _____

7. Which FSS Workshops do you feel you benefited from the most?

8. How do you feel your participation in the FSS program will affect your life in the future?

9. Would you recommend the FSS program to you family or friends? Why?



FAMILY SELF SUFFICIENCY PROGRAM

FINAL - Escrow Disbursement Request Form

Please note: All requests for final escrow disbursements will be reviewed for eligibility by the FSS Supervisor. Please allow up to 14 business days for a determination of eligibilty, and if approved, an additional 14 business days for final disbursement of funds. Contact your FSS Coordinator if you have any questions.

Date: _____

FSS Participant: _____ Resident ID: _____

SS Number (last four): _____

I, _____, am requesting a final disbursement of escrow funds that were set aside in an individual development account on my behalf. I understand that if I am determined eligible for a final escrow disbursement, I am entitled to receive escrow in the amount of: \$ _____.

Use of final disbursement of Family Self Sufficiency Account Funds

According to regulation, a public housing FSS family may use its FSS account funds for the purchase of a home, including the purchase of a home under one of HUD’s homeownership programs, or other federal, state, or local homeownership programs, unless the use is prohibited by the statute or regulations governing the particular homeownership program [24 CFR 984.305(e)].

Homeownership is just one option for use of the FSS account funds. **PHAs may not restrict the use of escrow funds at contract completion [Notice PIH 93-24, C-13].**

If determined eligible for a final disbursement of escrow funds, how do you plan to use the money (Optional)?

FSS Participant Signature: _____ Date: _____

For office use only:

Date received: _____ Approved: _____ Denied: _____

FSS Program Coordinator Signature: _____ Decision Date: _____

Director | Resident Services Signature: _____ Decision Date: _____

*Please return the completed graduation request and any supporting documentation to the Richmond Redevelopment and Housing Authority