

Richmond Redevelopment and Housing Authority
FAMILY SELF SUFFICIENCY PROGRAM

INTERIM - Escrow Disbursement Request Form

A request for an interim disbursement of funds from an escrow account will be considered on a case-by-case basis by the FSS Staff, based on the following policies:

1. The Participant is in good standing with RRHA, and in compliance with lease.
2. An interim withdrawal of FSS escrow funds may only be used to pay for activities or services connected to the goals recorded on the participant's Contract of Participation (COP)– Individual Training and Services Plan (ITSP), at the time of the request.
3. The participant must be actively working on the goals listed on their plan, and current documentation (dated within the last 30 days) verifying these goal-related activities must be provided with the disbursement request form.
4. The total amount of funds in the escrow account may not be withdrawn for an interim disbursement.
5. All escrow disbursements must be approved by the Family Self Sufficiency Coordinator and/or Director of Resident Services

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

Procedures and Timeline

Step 1. Submit completed request form along with supporting documentation to support the need for the funds as aligned with the goals on your service plan to:

Brett Brooks | Family Self Sufficiency Coordinator
918 Chamberlayne Parkway
Richmond, Virginia 23220
Via email: brett.brooks@rrha.com

Step 2. You will receive a decision regarding approval or denial of the interim disbursement request by mail or email, within **14 business days**.

Step 3. Payment timeline – If approved, payments will be disbursed within **30 business days** of the request.

Step 4. At RRHA's discretion, escrow funds may be paid directly to the vendor or service provider. A participant who receives an interim disbursement is **required** to provide RRHA with verification/proof of payment to the vendor, service provider, or retail organization, within **10 calendar days** of the disbursement of funds.



INTERIM - Escrow Disbursement Request Form

Date: _____

FSS Participant: _____ SS Number (Last 4) _____

Disbursement Amount Requested: \$ _____

Identify the ITSP goal category that the funds will help you to complete (check one)

- Employment
- Education
- Training
- Financial
- Homeownership
- Transportation
- Other

Please state below how you will use the funds to remove a barrier associated with completing this ITSP goal:

Attached is current verification (Invoice, receipt, school schedule etc.) that verifies my goal related activities, which warrant the need for funds from the FSS escrow savings account.

Printed Name of FSS Participant: _____

Signature of FSS Participant: _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____

For office use only:

Client Tenant ID _____

- Tenant is in good standing with RRHA
- Family is working towards achieving FSS goals
- Request is consistent with FSS goal(s)

<input type="checkbox"/> Request Approved on: _____ <small>(Date)</small>	<input type="checkbox"/> Request Denied on: _____ <small>(Date)</small>
---	---

FSS Coordinator Signature _____ Date _____

Program Manager Signature _____ Date _____