



FAMILY SELF SUFFICIENCY PROGRAM – GRADUATION REQUEST

Date: _____

Participant's Name: _____ Resident Number: _____

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

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

1. **Must meet suitable employment goal until the end of the COP and disbursement of funds has been released.**
2. **Must be Welfare "Tanf" Free at the time of graduation/ end of COP.**
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 is currently receiving Welfare (Tanf) Assistance.

_____ I certify that I am currently suitably employed as discussed with FSS Coordinator

_____ 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 – GRADUATION REQUEST

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?



FINAL ESCROW DISBURSEMENT Request Form

Please note: All requests for final escrow disbursements will be reviewed for eligibility by the FSS Coordinator. All determinations will be provided within 2 weeks from the date of graduation request submission. Graduation request at the latest is the 12th day of the month in which your COP ends.

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 the full available escrow amount.

Use of final disbursement of Family Self-Sufficiency 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: _____

Manager | Resident Services Signature: _____ Decision Date: _____

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