

Full Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Last 4 digits of your Social Security Number: _____

By signing your name below, you certify that all of the information is correct.

Sign here: _____ **Date:** _____

1. What is your gender?

- Female
- Male
- I prefer not to answer

2. When were you born?

M	M	D	D	Y	Y
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3. How many adults live in your household (18 years and older)?

Please include yourself.

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4. How many children live in your household?

Include children 17 years old and younger.

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→ If no children, skip to question 7

5. What are the ages of your children under 18?

6. How many children in your household are in childcare, including preschool, day care, afterschool care, or babysitting?

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7. What language do you speak at home?

→ If English, skip to question 9

8. If not English, do you feel comfortable having a conversation about your goals in English?

- Yes
- No

9. What is your ethnicity?

- Hispanic
- Not Hispanic
- I prefer not to answer

10. What is your race? *Please select all that apply.*

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Pacific Islander/Hawaiian
- Other _____
- I prefer not to answer

11. What is your current marital status?

- Single, never married
- Married
- Divorced
- Separated
- Widowed

12. Do you or any member of the family receive any of the following assistance? Please select all that apply.

- TANF Income Assistance (Welfare)
- Medicaid/Children's Health Insurance Program
- General Assistance
- Earned Income Tax Credit
- Food Stamps

13. Have you previously participated in an FSS program?

- I have never enrolled in an FSS program
- Yes, and I graduated
- Yes, but I did not graduate

14. If yes, what year did you join the FSS program?

15. If you graduated, how much did you escrow while in the FSS program?

16. Are you CURRENTLY enrolled in any of the following programs? Please select all that apply.

- GED program
- Job training program
- Trade/Vocational School Certification or Licensure program
- Associate's degree program
- Bachelor's degree program
- Graduate degree program
- None, not currently enrolled in any of these programs

17. If yes, what is the name of the school/program you are CURRENTLY enrolled in?

School: _____

Program: _____

18. What is the HIGHEST level of education you have received? Please select one.

- Grade K-5 → Skip to question 21
- Grade 6-8 → Skip to question 21
- Grade 9-11 → Skip to question 21
- High School Diploma or GED → Skip to question 21
- Some Vocational/Trade School
- Vocational/Trade School Diploma or Certificate
- Some College
- Associate's Degree
- Bachelor's Degree
- Some Graduate School
- Graduate Degree

19. What is the name of the school/program where you received your HIGHEST level of education?

20. What is your current employment status?

- Employed full-time
- Employed part-time
- Student, not working → Skip to question 25
- Unemployed → Skip to question 25
- Retired → Skip to question 25
- Other _____

21. If employed, who is your current employer?

22. If employed, what is your current position?

23. If employed, date employment began

24. Benefits in Current Employment: Please select all that apply.

- Health
- Retirement
- Other

25. Please list goals:

Educational: _____

Employment: _____

Financial: _____

Family Self-Sufficiency (FSS) Program Contract of Participation

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0178 (exp. 04/30/2025)

This Contract of Participation for the Family Self-Sufficiency (FSS) Program is between _____, Public Housing Agency (PHA) or PBRA owner, and _____ head of FSS family.

The FSS family includes everyone in the household, and is referred to in this contract as “family.”

Type of FSS Program.

The family is housed in: (Check only one)

Housing Choice Voucher (HCV)/Project Based Voucher (PBV)

Public Housing

Project-Based Rental Assistance (PBRA)/Multifamily

Purpose of Contract

The purpose of this contract is to state the rights and responsibilities of the participating family and the PHA/owner, the resources and supportive services to be provided to the family, and the activities to be completed by the family.

Term of Contract

This contract will be effective on _____.

This contract will expire on [5 years after the first recertification of income after execution]

The PHA/owner may extend the term of the contract up to 2 years if the PHA/owner finds that *good cause* exists for the extension.

Resources and Supportive Services

During the term of the contract, the PHA/owner will try to coordinate the resources and services listed in the Individual Training and Services Plans (ITSP). However, the PHA/owner has no liability to the family if the resources and services are not provided.

Individual Training and Services Plan (ITSP)

An Individual Training and Services Plan (ITSP) must be developed for each participating family member. All ITSPs for the family are hereby incorporated into and made part of this contract.

FSS Escrow Account

The PHA/owner will establish an FSS escrow account for the family. The increases in the family’s rent due to increases in earned income will be credited to the FSS escrow account in accordance with 24 CFR parts 887 and 984 (as applicable) and any other HUD requirements.

Listed below are the family’s baseline annual income, baseline annual earned income, and baseline monthly rent when the family begins the FSS program. These amounts will be used to determine the amount credited to the family’s FSS escrow account due to future increases in earned income.

Baseline Annual Income \$ _____

Baseline Annual Earned Income \$ _____

Baseline Monthly Rent \$ _____

Interim Withdrawal of Escrow Funds

The PHA/owner does __ does not __ allow for the interim withdrawal of escrow funds. If yes, the participating family must be provided with the pertinent policies. The PHA/owner may disburse an amount in the family’s FSS escrow account to the head of the FSS family in compliance with its interim withdrawal policies and 24 CFR 984.305).

Graduation from the FSS Program and Disbursement of Escrow

The PHA/owner will disburse to the head of FSS family the amount in the family’s FSS escrow account, less any amount owed to the PHA/owner (for unpaid rent or other outstanding debts), when the family is compliant with its lease, and:

- (1) the PHA/owner determines that the family has completed the terms of this contract, including the terms of all ITSPs; and
- (2) The head of FSS family certifies that no member of the FSS family is a recipient of welfare assistance;

Disbursement of Escrow in Cases of Contract Termination

The PHA/owner must disburse to the FSS family the amount in the family’s FSS escrow account, less any amount owed to the PHA/owner (for unpaid rent or other outstanding debts), when the family is compliant with its lease and:

- (1) The PHA/owner, with HUD approval, determines there is good cause to disburse FSS escrow funds; or
- (2) When the Contract has been terminated for the following reasons:
 - a. Services that the PHA/owner and the FSS family have agreed are integral to the FSS family’s advancement towards self-sufficiency are unavailable;
 - b. The head of the FSS family becomes permanently disabled and unable to work during the period of the contract, and the PHA/owner and FSS family determine it is not possible to modify the Contract or designated a new head of the FSS family; or
 - c. A voucher FSS family in good standing moves outside the jurisdiction of the PHA (in accordance with regulatory portability requirements) for good cause, as determined by the PHA, and continuation of the CoP after the move, or completion of the CoP prior to the move, is not possible.

Head of FSS Family Leaves Assisted Unit

If the head of the FSS family leaves the assisted unit, the remaining family members may, after consulting the HA/owner, name another family member to take over the Contract or receive the FSS escrow account funds in accordance with the terms of this agreement.

Loss of FSS Escrow Account

The family will not receive the funds in its FSS escrow except as provided above. The FSS escrow will be forfeited and the family has no right to receive funds from the FSS escrow if the contract is terminated, except as provided above.

Family Responsibilities Head of FSS Family must:

- o Seek and maintain suitable employment. **The head of FSS family and those family members who have decided, with PHA/owner agreement, to execute an ITSP, must:**
- o Complete the interim goals, final goals, and any other activities by the completion dates contained in each ITSP.

All family members must:

- o Comply with the terms of the lease.
- o If receiving welfare assistance, become independent of welfare assistance by the end of this Contract term.
- o If participating in the HCV program, the family must comply with the family obligations under the HCV program and live in the jurisdiction of the PHA that enrolled the family in the FSS program at least 12 months from the effective date of this contract, unless the initial PHA has approved the family’s request to move outside its jurisdiction under portability.

Termination of the Contract of Participation

The PHA/owner may terminate this contract if:

- (1) the family and the PHA/owner agree to terminate the contract;
- (2) the PHA/owner determines that the family has not fulfilled its responsibilities under this contract;
- (3) the family withdraws from the FSS program; or
- (4) the PHA/owner is permitted to terminate the contract in accordance with HUD regulations and requirements.

Signatures:

The PHA/owner will terminate this contract and distribute escrow according to 24 CFR 984 and 887 when:

- (1) Services that the PHA/owner and the FSS family have agreed are integral to the FSS family’s advancement towards self-sufficiency are unavailable
- (2) The head of the FSS family becomes permanently disabled and unable to work during the period of the contract, and the PHA/owner and FSS family determine it is not possible to modify the Contract or designated a new head of the FSS family; or
- (3) A voucher FSS family in good standing moves outside the jurisdiction of the PHA (in accordance with portability requirements 24 CFR 982.353) for good cause, as determined by the PHA, and continuation of the CoP after the move, or completion of the CoP prior to the move, is not possible.

The PHA/owner must give a notice of termination to the head of FSS family. The notice must state the reasons for the PHA/owner decision to terminate the contract.

This contract is automatically terminated if the family’s rental assistance is terminated in accordance with HUD requirements.

Modification

The PHA/owner and the family may mutually agree to modify this contract or any incorporated ITSP in accordance with 24 CFR parts 887 and 984, as applicable.

Compliance with HUD Regulations and Requirements

The PHA/owner and the FSS family agree to comply with HUD regulations and requirements, including 24 CFR parts 887 and 984. To the extent that anything in this contract conflicts with HUD regulations or requirements, including parts 887 and 984, HUD regulations and requirements will prevail. Terms and figures, such as the income and rent amount on page 1, are subject to correction by the PHA/owner for compliance with HUD regulations and requirements. The PHA/owner must notify the family in writing of any adjustments made to the contract.

Conflict with the Lease

If any term of this contract conflicts with the lease, the lease will prevail.

Family

Housing Agency/Owner

(Signature of Head of FSS Family)

(Name of PHA/Owner)

(Date Signed)

(Official Title)

(Signature of PHA/Owner Official)

(Date Signed)

Full Name: _____

Date: _____

1. What is your most important savings goal? **Please select one**

- Retirement
- College for child(ren)
- My own education
- Emergencies/rainy day
- Car
- General savings
- Purchasing a home
- Starting or growing a business
- Improve credit
- Other (specify): _____

2. Do you have other savings goals? *Please select all that apply*

- Retirement
- College for child(ren)
- My own education
- Emergencies/rainy day
- Car
- General savings
- Purchasing a home
- Starting or growing a business
- Improve credit
- Other (specify): _____

3. Do any of the following financial concerns make it hard for you to achieve your financial goals? *Please select all that apply*

- Not enough income
- Low or no credit score
- Difficulty paying bills on time
- Underemployment, not enough hours at work
- Unemployment
- Debt levels and payments
- Household expenses are too high
- Financial needs of family members
- None of the above

4. Do you have any other concerns you would like your FSS caseworker to know?
Your caseworker may be able to help you find resources to resolve these concerns.

5. In the **last year**, have you used any of the following services?

Please select all that apply

- Check cashing stores
- Cash advances on your credit card
- Pawnshop
- Prepaid debit cards (e.g. RushCard)
- Refund anticipation loans (*paying to receive your tax refund faster*)
- Rent-to-own purchases (e.g. Rent-a-Center)
- Auto Title Loans (*taking a loan out against your car title*)
- Pay day loans
- None: I have not used any of these services in the last year

6. In the **last month**, did you do any of the following? *Select all that apply*

- I paid all of my bills on time
- I established financial goals
- I saved regularly to achieve my goals
- I kept track of my spending and income
- None of the above

7. In the **last month**, did you do any of the following? *Select all that apply*

- I paid overdraft fees on my bank account
- I paid other fees on my bank account (*monthly account fees, ATM fees, etc.*)
- I asked family or friends to help pay a bill or lend me money
- I delayed paying a bill and paid late fees
- I charged basic expenses on my credit card
- None of the above

8. Indicate how strongly you agree or disagree with each statement. Select N/A (Not Applicable) if this question does not apply to you.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
I worry about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about losing my housing assistance if I make more money at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about losing my housing assistance if I have savings in the bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my children are grown, their financial situation will be better than ours is today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can teach my children about budgeting and saving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FAMILY SELF-SUFFICIENCY PROGRAM CREDIT REPORT AUTHORIZATION

The undersigned certify that I am a participant of RIHousing’s Family Self-Sufficiency (FSS) Program. I understand that the FSS Program is funded in part with assistance from the United States Department of Housing and Urban Development (HUD).

As a condition of my participation in FSS, I agree to comply with HUD requirements, including authorizing RIHousing to obtain my credit report as a condition of my receipt of funds from my FSS escrow account.

I hereby authorize and instruct RIHousing to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by RIHousing. I understand and agree that RIHousing intends to use the credit report for the purpose of evaluating my progress under the FSS Program and to comply with HUD reporting requirements under the FSS Program. I authorize release of this information to HUD in order to comply with HUD requirements.

Except as set forth above, RIHousing will not use or release to any other entity any information obtained under this authorization, except release may be made as required by law to appropriate Federal, State, and local agencies when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

If RIHousing takes an adverse action regarding your participation in the FSS program based on this report, you will be provided with a copy of the credit report and a summary of your rights under the Fair Credit Reporting Act.

Client Name

Client Signature

Date

CONTRACT REVIEW

Exclude Services

Signature

Date

Resident Information:

Name:

Mailing Address:

Code:

Status:

Contract Status: In-Progress

Contract Effective:

Contract Expiration:

Contract Description:

Contract Signed:

Notes:

Workplan 6

Family Member:

Status:

Description:

Workplan Signed:

Notes:

Goal 1

Obtain and maintain suitable employment based on skills, education, training and available job opportunities.

Goal Begin:

Goal End:

Status

Comment

Goal 2

All family members must be free from welfare assistance at the time of graduation.

Goal Begin:

Goal End:

Status

Comment

Goal 3

Goal Begin:

Goal End:

Status

Comment

Goal 4

Goal Begin:

Goal End:

Status

Comment

Goal 5

Goal Begin:

Goal End:

Status

Comment

Goal 6

Goal Begin:

Goal End: