



HAVRE DE GRACE HOUSING AUTHORITY

"Great Families—Great Communities"

Family Self-Sufficiency Program Fact Sheet

What is the purpose of the FSS Program?

The FSS Program staff coordinates services with public and private resources to enable families to achieve economic independence and self-sufficiency. The FSS program utilizes changes in rental assistance to create an escrow account for program participants.

What is an escrow account?

An escrow account is a savings account that is created by increases in rent that are caused by earned income (income from a job) after a participant joins the program. The FSS staff will calculate escrow changes at each rental adjustment and inform participants of the effect on the escrow account.

How do you define Self-Sufficiency?

Self-Sufficiency means earning adequate income to provide for basic needs and having enough earnings stability to prevent dependence on Government benefits. Self-Sufficient families would no longer receive welfare assistance.

Who can qualify to be a participant in the FSS Program?

All residents of public housing through the Havre de Grace Housing Authority may qualify to be in the FSS Program.

How long do residents have to complete the program?

The maximum amount of time that a participant has to complete is five (5) years. A participant may complete the program earlier than five (5) years if they have reached a certain income level that would allow them to move out of public housing or they have completed all of their program goals.

What if the family does not complete the program in five (5) years?

An additional two (2) years may be granted under certain circumstances such as involuntary loss of employment or an illness. An expanded term may be given if the Housing Authority finds that good cause exists for the extension.

What are the criteria for participation in the FSS Program?

Participant must be willing to participate in educational or vocational activities that will assist them in becoming self-sufficient within five (5) years. The Head of Household must seek and maintain suitable employment by the end of the first four (4) years of the program.

What are educational and vocational activities?

This means going back to school and getting a GED or High School Diploma or it may mean going to job training. It may also mean enrolling in a higher educational program at the local community college or university or participating in job search.

What is the commitment of the family who is in the FSS Program?

If the family agrees to participate in the FSS Program, the Head of the Household must sign a Contract of Participation and complete an individual Training and Service Plan. The Individual Training and Service spells out what the Head of Household must do to become self-sufficient and establish a timetable for completion of each of the identified goals. The Contract of Participation outlines the family's responsibilities in the program. The family will not receive the funds in its FSS escrow account if the Contract of Participation is declared null and void, or if the family has not met its responsibilities within the time specified as stated in the contract.

What is considered completion of the program?

When a family has accomplished the goals that they have set out to achieve or if the 30% of their adjusted income is equal to or more than the Fair Market Rent for their size unit, they have successfully completed the program. Goals consist of being off of public assistance for one calendar year while maintaining permanent full time employment with a steady income. At the time of contract completion, the Head of Household must provide written certification to the Housing Authority that no member of the family is receiving welfare assistance. This assistance means income assistance from federal or state welfare programs including TANF (AFDC) and general assistance. It does not include Medicaid or Child Care Assistance.

What if the participant does not complete the program or decides during the program that they do not want to participate any further?

If the participant decides that they do not want to pursue the program any further, they will forfeit any money in their escrow account. If a participant has not met certain goals by the end of five (5) years they will forfeit money in their escrow as well.



Havre de Grace Housing Authority Family Self- Sufficiency Program Program Application

Applicant=s Name: (Last, First, MI)		Date:
Address: (PO Box, Street) (City, State, Zip)		Home Phone
		Work Phone
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Social Security Number:		Date of Birth: (MM/DD/YY)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander		
Full Name Of All Other Persons Currently On Lease		Relationship Date of Birth
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Education Information

Highest Grade Completed: <input type="checkbox"/> Eighth or less <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College (No Degree) <input type="checkbox"/> College (Degree)			
Presently Enrolled in:			Number Hours Per Week:
1. <input type="checkbox"/> High School or GED Classes			1. _____
2. <input type="checkbox"/> College Courses			2. _____
3. <input type="checkbox"/> Vocational School			3. _____
4. <input type="checkbox"/> Apprenticeship (Describe)			4. _____
5. <input type="checkbox"/> Other Training Program (Describe)			5. _____
Have You Ever Been Enrolled In A Training Or Vocational Course: <input type="checkbox"/> Yes (List courses below) <input type="checkbox"/> No			
List Courses	Source of Funding	Wks / Yrs Attended	Graduated Yes / No
1.			
2.			
3.			

Income Information (Totals Are For The Year)

Household Member	Wages or Salaries	SS, SSI, Pensions	Public Assistance	Other Income
Head of Household				
Others on Lease				
Totals				

Do You Receive Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do You Receive Medical Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What Is Your Monthly Rent: \$ _____		Do You Pay For Monthly Utilities: <input type="checkbox"/> Yes (List) <input type="checkbox"/> No		
Monthly Electric	Monthly Heating	Monthly Water	Monthly Sewage	Other (Specify)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Do You Pay For Child Care Expense: Yes (List Monthly Amount) \$ _____ No

Employment Information

Are You Currently Employed: Yes (List Employer Information Below) No

1. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	
2. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	

List Previous Four Jobs Held (If you have never been employed, write N/A) _____

1. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	
2. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	
3. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	
4. Employed At:		Job Description:		
Weekly Wage / Salary: \$ _____	Avg Weekly Hrs Worked: _____	Full / Part Time	Start Date: _____	

Support services Information

If you are selected to participate in this program, what support services would you need: (Check boxes as needed)

<input type="checkbox"/> Child Care	<input type="checkbox"/> Transportation Asst	<input type="checkbox"/> Medical Care Asst.	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Education / GED
<input type="checkbox"/> Job Training	<input type="checkbox"/> Job Search	<input type="checkbox"/> Job Placement	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Credit Counseling
<input type="checkbox"/> Drug / Alcohol Asst. <input type="checkbox"/> Other Needs (List)				

Explain why you, (the applicant) would like to participate in the FSS program. (Continue on another sheet if needed)

I hereby certify that the information on this application is true and complete to the best of my knowledge. I also understand false and / or incomplete information is grounds to be denied participation in this program.

Signature

Date