

**Public Housing Family
Self-Sufficiency Funding
Request Form**

**U.S. Department of Housing
and Urban Development**
Office of Indian and Public Housing

OMB Approval No 2577-0229

(Expires: 05/30/2010)

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

1. PHA Information:

Name: _____ PHA Number: _____

Address: _____

Joint Application: Yes _____ No _____ If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach addition sheets as necessary):

Name: _____ PHA Number: _____

Address: _____

2. Contact Information for the Person Most Familiar with This Application:

Name: _____ Telephone: _____

e-mail address: _____

3. Application Type: New _____ Renewal _____

4. All Applicants – Total Approved Slots: Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

Total number of approved slots: _____

5. Most Recent PHAS Rating: High Performer _____
Standard Performer _____
Troubled _____

6. Funding Category for this Application: 1 2 3 4

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9

7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: _____

- b) Number of positions funded: _____
- c) Number of positions requested under this NOFA: _____
- d) Annual salary requested for each FSS Coordinator(s) (Please list all.): \$ _____
 (Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)
- e) Total funding requested for program coordinator salary(ies): \$ _____
- f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: _____ Yes _____ No

8. Reporting to HUD

The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. _____ Yes _____ No

9. Program Accomplishments –

- a. _____ Number of years your program has been in existence.
- b. _____ The total number of PH FSS participants.
- c. _____ The *number* of Public Housing FSS program participants with an FSS escrow account balance greater than zero.
- d. _____ The *percent* of Public Housing FSS program participants with an FSS escrow account balance greater than zero.
- e. _____ The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.
- f. _____ The *number* of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.
- g. _____ The *percent* of Public Housing FSS families that have successfully completed their FSS contracts.
- h. _____ The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.
- i. _____ The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.
- j. _____ The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

10. FSS Coordinator Information:

- a) Annual salary requested for the FSS Coordinator position: \$ _____
 (Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA)
- b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: _____ Yes _____ No