



Dear FSS Participant,

This is a reminder that your contract with the Family Self-Sufficiency (FSS) program has expired or is being terminated. At this time, per our preliminary review, we have determined that the FSS Contract of Participation appears complete. You may be eligible to receive funds from the FSS escrow account.

Enclosed you will find an Application for Full Withdrawal of FSS Escrow Account Funds. In order to apply for the funds from escrow, **you must provide all of the requested documentation. Please utilize the enclosed Check List before sending your packet.**

- Application for Full Withdrawal of FSS Escrow Account Funds
- Exit Survey
- Employment Verification form (**Fill out only the highlighted portions.**)
- Copy of most recent pay stubs for the last 30 days
- Update of goals you have completed to date (Use back of goal sheet to update goals completed.) **You must include proof that you have completed each of your goals.**

Please return the enclosed forms with the additional verifications within **two weeks** of the date of this letter. Please turn in items requested **all at one time. It can take up to 8 weeks after you have returned all information to receive a decision regarding your escrow funds.** If you have any questions, please call our office as soon as possible.

Sincerely,

Family Self-Sufficiency Program Coordinator

ANY APPLICATIONS NOT TURNED IN BY THE DEADLINE OR ANY APPLICATIONS TURNED IN INCOMPLETE MAY NOT BE CONSIDERED. CALL YOUR FSS PROGRAM COORDINATOR IF YOU NEED AN EXTENSION.



HOUSING CHOICE VOUCHER
FAMILY SELF-SUFFICIENCY PROGRAM

APPLICATION FOR FULL WITHDRAWAL OF ESCROW ACCOUNT FUNDS

Funds from the escrow account will be disbursed under the following conditions:

- 1. When CMHA determines that the family has completed the FSS Contract of Participation; or
2. When 30% of the family's monthly adjusted income equals or exceeds the FMR for the size of the unit for which the family qualifies, and when no family member receives welfare assistance (defined below).

Because you are applying for all monies to which you are entitled in your FSS Escrow Account, please read this form and return it to your Family Self Sufficiency Program Coordinator at CMHA's Office located at 1635 Western Avenue Cincinnati, Ohio 45214. If you have any questions, please call Your Program Coordinator. It is best to submit all of the verifications at one time, since only completed requests can be reviewed.

I understand and agree to the following conditions for the withdrawal of funds from the FSS Escrow Account.

- 1. Head of the household must be suitably employed consecutive three months prior to the end of the Family Self-Sufficiency Contract.
2. All members of household are independent of cash maintenance payments for ongoing needs under Federal or State welfare programs including Temporary Assistance to Needy Families (TANF).
(Note: Welfare does not include child-only, temporary or non-recurring assistance, supportive services, food stamps, emergency rental or utilities assistance, SSI, or similar benefits.)

Verification of the last time you received welfare must be provided. Please make this request at Hamilton County DJFS immediately, as it can take up to a week to receive this information. Ask for a CASE PROFILE and PROOF OF ELIGIBILITY print out.

- 3. Family must be in good standing with the Housing Authority and no monies are owed to the landlord or HA for unpaid rent or damage claims while under public housing or HCV program assisted lease.
4. Return of this completed Application for Withdrawal of Escrow Account Funds, Exit Survey, proof of employment, proof of the last time family received CASH benefits, and proof that all goals in the Individual Services Plan have been completed.

Signature Date

Address Zip Code Phone Number

Also note, check will be sent to your most recent HCV program address, unless you specify another mailing address.

FOR OFFICE USE ONLY CI#: Name: Date sent:

- Family has successfully completed its FSS Contract of Participation.
Family has verified welfare assistance-free status.
Review for any amount owed for unpaid rent or damage claim(s) while under Public housing or HCV program Lease/Contract has been done.

Amount in Escrow Account Amount approved for withdrawal

Send Check to

Signature of HA Representative Date



HOUSING CHOICE VOUCHER
FAMILY SELF-SUFFICIENCY PROGRAM

ADDITIONAL INFORMATION NEEDED FOR ESCROW REVIEW

To help us present your request to withdraw funds from escrow, please answer the following questions in addition to completing the attached application.

Are you currently employed? Yes No

Current or most recent employer
When did you begin your job?
Is it full time (30 hrs./wk. or more) or part time?
Classification or job title
Basic duties
Health care benefits? Retirement Account?

Are you currently in school, a training program, or receiving on-the-job training?
(Circle one) Yes No

Current or most recent school or training program
Is it full time or part time?
Brief description of studies
Completion date

What was your source of income when you joined FSS?
Please list any other goals you have met since joining FSS:

What are your next goals?

How do you intend to use the escrow money?

I certify that the answers I have given to the questions on this form are complete and true to the best of my knowledge and belief.

Signature: Date:



CMHA Housing Choice Voucher Family Self-Sufficiency Program Exit Survey

Dear Family Self-Sufficiency Participant:

Congratulations on making a commitment to become self-sufficient! If you are reading this, it means you are close to finishing your five-year FSS contract. It is very important to everyone at FSS that you are able to achieve your goals and successfully complete the program. **Please don't assume that if you have money in your account CMHA will just give it to you.** In order to successfully complete your contract and receive the escrow you must complete the goals of the program.

The following questions will allow you to see the progress you have made since joining FSS. Your comments will also help us to help you successfully complete your FSS contract and receive any funds you might have in the escrow account. Please fill out this **Exit Survey** completely and update the progress on your goals since joining the program. In addition, provide proof of all goals you have completed so far.

Family Name: _____

Address: _____

Phone: _____ (Home) _____ (Work)

Date entered FSS:		Date leaving FSS:	
Annual income:	\$	Annual income:	
Earned income:	\$	Earned income:	
30% MAI:	\$	30% MAI	

Goals you set and achieved while in FSS in the following areas:

EDUCATION GOALS

What was your level of education and/or training when you joined FSS? _____

What education and/or training did you pursue during your FSS contract? (Please list any graduation date(s) or completion date(s) if applicable): _____

Are you currently attending any type of college or employment-training program? _____yes _____no

If "yes":

What is the name of the institution? _____

What is the name of the program? _____

Start date: _____ Full-time or Part-time: _____

What type of degree or certification will you have when you complete? _____

HOUSING GOALS

Will you be leaving the HCV rental subsidy program? _____yes _____no

If "yes":

Date leaving HCV rental subsidy program: _____

Will you have safe and affordable housing? _____yes _____no

Will your rent be subsidized? _____yes _____no

Will you be moving into homeownership now?
Or in the near future? _____yes _____no

If "yes", have you taken any first-time homebuyer
Classes? _____yes _____no

EMPLOYMENT GOALS

What was your source(s) of income when you first joined FSS? _____

Were you employed when you joined FSS? _____yes _____no

Are you currently employed? _____yes _____no

If "yes":

What type of employment? _____ full-time (30 or more hours/week)
_____ part-time (less than 30 hours/week)
_____ seasonal _____ temporary

Company Name: _____

Address: _____

Phone #: _____ Fax: _____

Supervisor: _____

Position: _____ Start date: _____

What are your basic duties? _____

If "no":

Where did you last work? _____

Start Date: _____ End date: _____

Reason for leaving: _____

Do you have health care benefits through your current employer? _____yes _____no

Do you have other benefits through your current employer? _____yes _____no

Do you receive welfare assistance? _____yes _____no

If "yes"

What type, please explain: _____

Do you have childcare? _____yes _____no

If "yes"

Is it reliable? _____yes _____no

Is it subsidized? _____yes _____no

Are you in a job that fits your career goals? _____yes _____no

PARENTING/RELATIONSHIP GOALS

As you have made changes in your life, do you notice that there is also a positive effect in your relationship with others? (You can include children, spouse, other family members and/or friends.)

_____yes _____no

BUDGETING GOALS

Do you have a written budget? _____yes _____no

If "yes":

Do you try to follow it? _____yes _____no

Have you attended any financial counseling, budgeting, or credit repair workshops?
_____yes _____no

ADDITIONAL QUESTIONS

Did you have other goals that you set and achieved while in the FSS program?
_____yes _____no

If "yes", please describe: _____

Do you recall specific challenges you had in working toward and achieving you goals?
_____yes _____no

If "yes", please describe: _____

Why did you join the FSS program? _____

After leaving FSS, have you set other goals? _____yes _____no

If "yes", please describe: _____

Do you foresee specific barriers you may have to face in the future? _____yes _____no

If "yes", please describe: _____

Any comments or ideas for the FSS Program? _____

How do you intend to use the escrow money? _____

CONGRATULATIONS ON YOUR ACHIEVEMENTS – BOTH PRESENT AND FUTURE!

I certify that the answers I have given to the questions on this form are complete and true to the best of my knowledge and belief.

Signature: _____ Date: _____

Please update us on your progress toward meeting the goals you have set since joining the FSS program by providing documentation of all goals you have completed so far. If you have any questions or concerns, please contact your FSS Program Coordinator at the number below.

Escrow Withdrawal Packet Check List

Please include this check list with your packet. **Do not** turn in your escrow withdrawal packet unless you have **ALL** of the following items included:

- Application for Full Withdrawal of FSS Escrow Account Funds (Sign and date and provide address of where you would like your check sent.)
- Exit Survey (filled out completely; signed and dated)
- Print out from Jobs & Family Services stating **the last date you received CASH/OWF benefits*** (even if you have never received CASH benefits you must provide the print out)
- Employment Verification Form (signed and dated **only**)
- Copy of your most recent pay check stubs for the last 30 days.
- Update of all your goals completed to date (**YOU MUST PROVIDE VERIFICATION THAT EACH OF YOUR GOALS HAS BEEN COMPLETED**)

*It is best to go down to JFS to get the CASH print out. Request it as soon as you get this letter as it can take several days for them to send it to you. Ask for a **CASE PROFILE** and **PROOF OF ELIGIBILITY** print out.

Remember, turn in all documents all at once. If you need an extension please call your FSS Program Coordinator.



FOR OFFICE USE ONLY

Housing Program _____
Specialist _____
Client No. _____
Review _____

EMPLOYMENT VERIFICATION

This Section To Be Completed by CMHA tenant

Date _____

Employer: _____
Address: _____

Client Name: _____
Client Address: _____
SSN: _____

The person named above has either applied for or currently resides in assisted housing. CMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and/or attach an appropriate computer printout for any needed information. This form can be returned by mail or fax to the address, email address or fax number listed below.

I hereby agree to the release to CINCINNATI METROPOLITAN HOUSING AUTHORITY of any documents and information in your possession concerning me and to you answering specific questions regarding my records; and hereby release your officers, agents or employees from damages that may result to me by reason of compliance with this authorization to the extent that such information about me is accurate. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above.

SIGNATURE _____ DATE _____

This Section To Be Completed by Employer Only

Work Schedule Information:

Hourly Rate \$ _____ Eff. Date _____ Average hours normally worked per week _____ Average OT Hrs _____
Date of FIRST pay this payroll year (Actual) _____ Payroll period starts on _____ (day)
Employee is paid: Daily Weekly Bi-weekly Monthly Semi-Monthly Commission Amount Y-T-D \$ _____
Is employment: Seasonal Co-op Student Piecework wages Work Study Title V Funded
Current year-to-date gross earnings \$ _____ as of _____ Current Y-T-D tips If not included in gross \$ _____
Last year's W2 gross earnings \$ _____

Pay Information: (last six gross amounts and pay dates)

Date Received:	Gross Earnings
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Date Received:	Gross Earnings
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Employment Information: (Please complete all that apply.)

- Start date of employment _____ No longer employed, effective _____
- Between Assignments as of _____
- Laid-off on _____
- On leave of absence since _____ Paid? \$ _____ per _____
- Child Support is being withheld at the amount of \$ _____ per pay
- Employee has single/family health insurance being withheld at the amount of \$ _____ per pay
- Date and amount of final pay: _____ \$ _____

Name (please print): _____ Title: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

Proper Address for verification if different than above _____

Requested by HS: _____ Fax # 513-665- _____ Email Address: _____