

BLOOMINGTON HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY PROGRAM

ACTION PLAN

Revised 10/1/2014

MISSION STATEMENT:

The Family Self-Sufficiency (FSS) Program exists to provide opportunities for families committed to improving their economic situation through personal development.

GOAL: The goal of the FSS Program is to develop local strategies to coordinate the use of public and private resources and services to enable families to achieve economic independence and self-sufficiency.

The Bloomington Housing Authority (BHA) is governed by a Board of Directors that are appointed by the Mayor of the City of Bloomington. The FSS program is administered by the BHA under its Director and the FSS/HOP Coordinator(s).

I. PROGRAM COORDINATING COMMITTEE

- A. The Program Coordinating Committee (PCC) is the main resource to assist in securing commitments of public and private resources for the operation of the FSS program.
 - 1. Members of the PCC assist in developing the Action Plan and in implementing the program.
 - 2. Members of the PCC must include:
 - a. A representative of the BHA
 - b. A Participant of the HCV program
 - c. Membership on the PCC also may include representatives from the unit of general local government served by the PHA, local agencies (if any) responsible for carrying out JOBS training programs, or programs under the JTPA, and other organizations, such as other state, local or tribal welfare and employment agencies, public and private education or training institutions, child care providers, nonprofit service providers, private business, and any other public and private service providers with resources to assist the FSS program.¹
- B. Program Coordinators will develop, support and manage the PCC through structured meetings and ongoing communication with members.

II. PARTICIPATING AND NON-PARTICIPATING FAMILIES

- A. The FSS Program is voluntary.
- B. Housing Choice Voucher (HCV) program recipients will not be penalized for non-participation.
- C. FSS Participants who do not complete the FSS program do not jeopardize HCV eligibility.

III. PARTICIPANT DEMOGRAPHICS

- A. At the time of inception of the FSS program, approximately 1284 families were Participants in the BHA's Section 8 HCV Program.

¹ "Program Coordinating Committee (PCC)" *Code of Federal Regulations* Title 24, pt. 984.202 (b)(2), 4/1/2000 ed.

1. Of the current Section 8 Participants, approximately 72% have a woman as the head of household.
 2. 44.78% of participating families have at least one child; a total of 1211 dependent children live with families who receive BHA HCV assistance.
 3. 50.53% of households on BHA HCV assistance are considered disabled; 49.47% of households are not considered disabled.
 4. 15.58 % of households are reported as elderly; 84.42% are non-elderly.
 5. The majority of BHA HCV Participants (86%) are white; 13.77 % are African American/Black; 0.45% are American Indian/Alaskan Native; 0.30% are Asian; 0.98% of families are Hispanic or Latino
 6. FSS families represent about 6.62% of the total BHA HCV Participants.
- B. Participant demographics will be reported via the forms HUD-50058 that are submitted to HUD's PIC data system.²
- C. FSS will manage a caseload of up to 80 Participants.
- D. Once all 80 FSS slots are filled, FSS will manage a waitlist.
- E. Data indicates that BHA's FSS Program began on or about May 1st 1998.

IV. PARTICIPANT SELECTION PROCEDURES

A. Outreach Efforts

1. Current HCV Participants will be informed about FSS at their annual reviews and encouraged to participate by their Caseworkers.
2. New applicants to the HCV program will be given information on the FSS program at their initial briefing and encouraged to sign up when they house.
3. Local government and social service agencies will be encouraged to refer HCV Participants.
4. When needed, BHA will maintain a waiting list of interested families. Families on the FSS waitlist will be chosen, in order, by the date their completed application is received. Preference will be given to Port-In FSS families with existing escrow accounts. A family will not wait longer than a period of five years for enrollment in the FSS program. The waitlist will be purged once per year, in the month of August, of all families who have become ineligible since being put on the waitlist.

B. Intake Activities

1. Persons interested in FSS should schedule a meeting with the FSS Coordinator. Interested individuals may also request an application and a goal setting worksheet prior to their initial meeting with the FSS Coordinator.
2. FSS applicants may be required to complete certain tasks to ensure the Head of Household (HOH) is motivated to participate in the FSS program.³ Current tasks include but are not limited to the following:
 - a. Attend FSS orientation and provide all information for an income review as requested by Occupancy Specialist or FSS Coordinator.
 - b. Complete self-assessment application.
 - c. Attend individual interview and informal assessment meeting.
 - d. Develop and sign interim and final goal statements with FSS Coordinator.
 - e. Sign the FSS Participant's Agreement (Appendix D).

² U.S. Housing and Urban Development. *SuperNOFA Broadcast Training Materials 2008: HCV/FSS Presentation*. ONLINE. May 15th, 2008. HUD. Available: <http://www.hud.gov/offices/adm/grants/nofa08/hcvfssslides.ppt>

³ If Participant needs assistance completing motivational tasks, direct assistance will be provided when available or through a scheduled meeting with FSS Coordinator or BHA representative and any necessary referrals.

3. Applicants will be accepted without regard to race, color, religion, sex, disability, familial status, sexual orientation or national origin.
4. Prohibited motivational screening factors include the family's educational level, educational or standardized motivational test results, previous job history or job performance, credit rating, marital status, number of children, or other factors, such as sensory or manual skills, and any factors which may result in discriminatory practices or treatment toward individuals with disabilities or minority or nonminority groups [24 CFR 984.203(C)(3)].

C. Wait List

- a. A waitlist shall be established when the FSS program reaches 80 participants.
- b. Placement on the waiting list will be chronological according to the date stamp on the full application with the exception of individuals who are given preference. The BHA FSS program may exercise its right to give preference on the FSS waiting list for up to 40 FSS slots to eligible applicants/participants. Each preference shall count as one (1) point. When a FSS slot becomes available, those with greater preference points shall be offered a slot in the FSS program before those with fewer preferences or none. Preferences include:
 - i. Eligible families who have one or more family members who are in a related service program (Middleway- The Rise, SCCAP Circles, WorkOne program, Salvation Army- Pathway of Hope, etc.).
 - ii. Eligible families who have one or more family members recently transitioned from the Family Unification Priority to the HCV program.
 - iii. Eligible families who have one or more family members currently enrolled in the US Department of Housing and Urban Development (HUD) Family Self Sufficiency Program. An example of this would include, but may not be limited to, qualifying families who are Housing Choice Voucher FSS participants who exercised portability into the BHA jurisdiction from another Housing Authority at which they were a current FSS participant in compliance with their goals and Contract of Participation.

D. HCV recipient may be turned down for the FSS program if:

1. HCV recipient has been on a prior FSS program, graduated and received escrow funds.
2. The applicant is in poor standing with the BHA or violated their HCV Contract. Some examples of poor standing include, but are not limited to:
 - a. A family who owes money to the BHA will not be considered for the FSS program.
 - b. A family with a conditional voucher will not be considered for the FSS program.
 - c. A family with a repayment agreement will not be considered for the FSS program.
 - d. A family who is in jeopardy of losing assistance due to impending eviction proceedings will not be considered for the FSS program.
 - e. A family who is facing termination of assistance for any reason will not be considered for the FSS program.
3. The HOH has formerly applied for, been accepted, and voluntarily withdrawn from FSS participation in the last one (1) year.
4. The HOH has been terminated from FSS participation in the last three (3) years.
5. A Participant who is turned down for the FSS program has the right to appeal (see Sections VIII and IX)

V. INCENTIVES PROVIDED TO FSS PARTICIPANTS

- A. Support services: FSS Coordinator will help to identify and remove obstacles through an established referral system. Families will be linked with community resources and services to assist with goals pertaining to self sufficiency
1. Identification of Support Needs; Individual Training and Services Plan (ITSP)
 - a. An ITSP must be prepared for the head of the FSS family.⁴ All other household adults may have an ITSP and receive supportive services through the FSS program.
 - b. A needs assessment will take place during intake through an application and face-to-face interview. Individual case management will be used to assess ongoing Participant needs.
 - c. FSS Coordinator will make referrals for service delivery to Participants.
 - d. FSS Coordinator will meet with Participant to assist in setting short and long-term goals. Participant and FSS Coordinator will work together to formulate a written plan stating goals, timetable, and support services needed to reach final goal(s).
 - i. All final and interim goals should be attainable in a five (5) year time period.
 - ii. Goals must be measurable and employ an acceptable standard for measurement.
 - iii. All ITSPs will include a required interim goal of receiving no cash welfare assistance for the twelve (12) months prior to the completion of the FSS contract.
 - iv. All ITSPs will include a required goal that the HOH seek and maintain suitable employment.
 1. A Participant who is not employed or attending school/a training program will be required to meet with their caseworker for employment counseling on a monthly basis. A Participant with a disability may substitute meeting with an employment counselor that specialized in clients with disabilities.
 - v. All ITSP goals must aid the Participant in achieving self sufficiency.
 - vi. Personal goals that do not pertain to the achievement of a higher level of financial independence should not be included in the ITSP; however, Coordinators may make referrals to help Participants meet personal goals that are not included in the ITSP.
 - e. ITSPs may be revised yearly or upon major changes to the household including, but not limited to, significant household composition changes and/or approaching zero (0) HAP. Modified ITSPs must include all of the following information to be considered binding:
 - i. What goal is being modified (interim or final goal and description)
 - ii. New goal to be attained
 - iii. Reason for changing the ITSP
 - iv. ITSP modification must be dated and signed by Participant and FSS Coordinator or designated BHA representative.
 - f. It is the Participant's responsibility to provide all information that pertains to the documentation of completed interim and final goals. All interim and final goals must include written verification supporting the achievement or mastery of that goal to be considered complete.⁵

⁴ "Definitions." *Code of Federal Regulations* Title 24, pt.984.103, 4/1/2000 ed.

⁵ Participants will not be required to provide complete goal documentation if the cost of obtaining such verification is deemed unreasonable by the FSS Coordinator or Section 8 Supervisor.

- g. ITSPs may not be modified, nor may certain parts of an ITSP be excluded or overlooked, for the sole purpose of enabling the Participant to receive escrowed funds. No interim funds will be disbursed to meet a goal that has been modified or added in the previous six months.
 - h. Contracts may be extended for up to two years due to circumstances beyond the control of the Participant as described in Part VI, Section B of the Action Plan.⁶
 - i. Contracts may be extended for up to two (2) years to allow a Participant to meet the 12-month requirement for being free from cash welfare assistance.
- B. The FSS escrow account
1. The BHA will maintain an escrow account in the Participant's name. The amount of escrow credit to be deposited by the BHA in the escrow account is based on increases in the Participant's total tenant payment resulting from increases in the Participant's earned income during the term of the FSS contract.⁷
 2. Final disbursement of escrow funds
 - a. Upon successful completion of the FSS program⁸ as defined in Part VI of the Action Plan, payment will be made by check to the Participant for the full amount of the escrow account minus any amount owed to the BHA. The BHA will recoup any debts owed before disbursing escrow funds.
 3. Interim disbursements of escrow funds may be allowed under certain conditions. The procedure for interim disbursement is as follows:
 - a. After discussion with Participant of alternative resource options available, an assessment of need and appropriateness of request will be made by FSS Coordinator.
 - b. Submission of request for escrow funds will be accompanied by a formal written request from Participant (Appendix A).
 - i. Request should state interim and long-term goals completed, future goals the disbursement will enable the Participant to accomplish, and how the disbursement will help the Participant achieve self sufficiency. Request should also state other resources the Participant tried to access and include documentation that those resources were requested from other sources.
 - ii. Request will include a certification from the landlord that the Participant is in good financial standing as verified by the BHA and the landlord.
 - iii. No escrow fund disbursement will be considered without at least one interim goal being documented as complete.
 - iv. No escrow fund disbursement will be considered unless it will further the Participant's self-sufficiency.
 - c. Participant may not withdraw funds from escrow account more than once in a twelve (12) month period except in cases of home buying.
 - d. No more than half (1/2) of Participant's escrow account can be removed as an interim disbursement except in cases of home buying.
 - e. Disbursements concerning purchases for work attire and/or cell phones must be in accordance with policy (Appendix F).
 - f. FSS Coordinator will determine above guidelines have been met and will forward request to Administrative Director and Financial Director for approval.
 - g. If denied, Participant has the right to appeal the decision. (See Section VIII and IX)

⁶ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g)* 2/28/2008. Chapter 23 Family Self-Sufficiency, p. 23-7, 23-9. 3/2008.

⁷ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g)* 2/28/2008. Chapter 23 Family Self-Sufficiency p.23-10. 3/2008.

⁸ "Contract of Participation" *Code of Federal Regulations* Title 24, Pt. 948.303. 4/1/2000 ed.

4. If Participant fails to report income in a timely manner, Participant will not receive any retroactive escrow funds for the time periods during which they were not reporting their income.
 - a. Enforcement of this rule will only be necessary if a non-reporting Participant is not terminated from the FSS program due to a determination of extenuating circumstances through the BHA grievance procedures.
5. If the BHA has information that the Participant owes the landlord for unpaid rent or other amounts due, the amount credited to the Participant's escrow account will be reduced by the amount owed. The BHA must reduce the balance in the FSS account by the amount owed before prorating the interest income.⁹
6. If the Participant does not complete the FSS contract, the Participant is not required to repay the amount received as an interim disbursement unless the advance payment was made based on fraudulent information from the Participant.¹⁰
7. The Participant will be required to supply documentation that interim escrow disbursement funds are spent as planned in the request.
 - a. If the Participant does not provide documentation that the interim escrow disbursement funds were spent as planned in the request any of the following consequences may result:
 - i. The Participant may not be approved for any more interim escrow disbursements.
 - ii. The Participant may be required to enter into a repayment agreement with the BHA.
 - iii. The Participant may be required to attend a budgeting class.
 - iv. The FSS Contract of Participation may be terminated.
8. The BHA will report to the Participant at the annual reexamination, and again to every Participant on the FSS program in January, on the escrow account including:
 - a. The balance at the beginning of the annual reporting period
 - b. The amount credited during the annual reporting period
 - c. Any deductions made from the account for amounts due the BHA before interest was distributed
 - d. The amount of interest earned on the account
 - e. The total in the account at the end of the annual reporting period.¹¹

VI. SUCCESSFUL COMPLETION OF THE FSS PROGRAM

A. Criteria for Successful Completion

There are two (2) ways to successfully complete the FSS program:

1. HOH has met all obligations of FSS contract which include:
 - a. HOH certifies that all members of the household have been independent of cash welfare assistance for (12) consecutive months
 - b. All interim and final goals have been completed and documented in the ITSP.
 - c. HOH has sought and maintained suitable employment.
2. Thirty percent (30%) of participating household's adjusted monthly income meets or exceeds the area's fair market rent for unit size for which FSS family is entitled.

⁹ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g) 2/28/2008*. Chapter 23 Family Self-Sufficiency, p.23-14

¹⁰ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g) 2/28/2008*. Chapter 23 Family Self-Sufficiency, p.23-15

¹¹ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g) 2/28/2008*. p. 23-14

- a. Bedroom sizes are generally only changed at annual reexaminations or when a family moves to a different unit.
 - b. FSS families qualify for a unit based on BHA occupancy standards outlined in Chapter 5 Part II of the BHA Section 8 Administrative Plan.
 - c. The bedroom size for which the family qualifies is determined by the voucher size which the family has been issued.
 - d. If the BHA changes a family's voucher size in accordance with the BHA Section 8 Administrative Plan and HUD guidelines, the FMR for the size of the unit for which the FSS Participant qualifies changes simultaneously.
 - e. HOH certifies that all members of the household are free from cash welfare assistance.
 - f. BHA obtains written verification from State provider of cash welfare assistance.
3. Definitions:
- a. Seek - ongoing search and pursuit of suitable employment opportunities to be reported to FSS Coordinator.
 - b. Suitable employment - defined by FSS Coordinator and Participant based on Participant's skills, education, completion of job training and available opportunities in the area.
 - i. Suitable employment will not include work for temporary hiring agencies.
 - ii. Self-employment income must be reported quarterly for six (6) months prior to graduation. This rule does not apply to a Participant who graduates from the FSS program due to 30% of the household income exceeding fair market rent for the unit for which they qualify.
- B. Contract Extension
1. The Participant must submit a written request for an extension at least thirty (30) days prior to graduation date. This request must include the Participant's account of their progress and reasons why their goals could not be completed.
 2. A contract extension may be granted for up to two years.
 3. Contracts may be extended to allow the Participant to meet the twelve (12) months without cash welfare assistance requirement; contracts may not be extended for the sole purpose of allowing the Participant more time to complete a requirement in order to receive the escrow balance.
 4. Contracts may be extended for up to two (2) years "if the PHA determines that there is good cause for granting the extension. 'Good cause' includes circumstances beyond the control of the Participant..."¹²
 5. Contracts may be modified to change the HOH if the head of the household moves and leaves family members in the assisted unit.¹³

VII. ENDING PARTICIPATION/TERMINATION OF FSS CONTRACT

- A. Voluntary withdrawal from the program
1. FSS Participants, with written notification to the FSS Coordinator, may withdraw from participation at any time, for any reason and be considered eligible to participate at a later date.

¹² U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g) 2/28/2008*. p. 23-7

¹³ U.S. Housing and Urban Development. *Housing Choice Voucher Program Guidebook (7420.10g) 2/28/2008*. p. 23-9

- a. HOHs who voluntarily withdraw from the FSS program will be considered for future participation no sooner than one (1) year following the date of their request to withdraw.
 - b. A HOH will be allowed to enroll in the FSS program a maximum of two (2) times.
 - 2. Participants who choose to voluntarily withdraw from the Section 8 program or terminate their FSS Contract of Participation before the five (5) years has elapsed will automatically forgo all escrowed funds.
- B. Criteria for Termination**
- 1. Terminations
 - a. Participant has exhibited lack of follow-through with mutually agreed upon commitments listed in ITSP and/or Contract of Participation.
 - b. Participant has not responded to two (2) documented attempts (letters or e-mails) by FSS Coordinator to meet or otherwise communicate.
 - c. Participant is involved with acts that are inconsistent with the purpose of FSS. These acts include, but are not limited to, voluntarily terminating employment, or reducing hours, without reason, committing criminal acts or failing to report income.
 - d. Participant has been terminated from HCV program for non-compliance with their lease or for any other reason.
 - e. Upon determination of fraud, an FSS Participant may be terminated from the FSS program.
 - f. Participants who do not report income in a timely manner will be terminated from the FSS program and required to sign a repayment agreement with the BHA.

VIII. RIGHT TO APPEAL TERMINATION

- A. The HOH has the right to have his or her application or termination reconsidered without regard to race, disability, religious creed, national origin, political beliefs, sex, marital status, gender identity, or sexual orientation.
- B. The appeals process is intended to assure equal and fair treatment of all applicants. It is *not* intended to provide procedures by which persons may challenge program guidelines such as eligibility, or to require the BHA to provide services over which they have no control.

IX. APPEALS PROCESS

- A. An appeal may be requested in writing by an FSS Participant to the FSS Coordinator within ten (10) days of the FSS determination.
- B. An Assistance Meeting will be scheduled with the FSS Participant and the Occupancy Specialist IV. At this meeting the Occupancy Specialist IV will make a determination of whether the Contract of Participation is terminated or will continue, and under what conditions.
 - 2. Determination may only include additional tasks or goals to be added to the ITSP if the Participant and the BHA are in agreement that they better suit the needs of the Participant.
- C. If the determination of the Assistance Meeting is unsatisfactory to the Participant, the Participant may request an Informal Hearing through BHA HCV Grievance Procedure Policy¹⁴ within 10 days from the date of the determination letter.
- D. If the determination of the Informal Hearing is unsatisfactory to the Participant, the Participant may request a Formal Hearing through BHA HCV Grievance Procedure Policy¹⁵ within 10 days from the date of the determination letter.

¹⁴ Bloomington Housing Authority. *Section 8 Administrative Plan*. Chapter 16 pgs. 16-14 – 16-20.

¹⁵ Bloomington Housing Authority. *Section 8 Administrative Plan*. Chapter 16 pgs. 16-14 – 16-20.

X. PORTABILITY AND FSS

- A. After the first twelve (12) months of the FSS contract of participation, an FSS Participant may move outside the BHA's jurisdiction under portability procedures.¹⁶
- B. A relocating FSS Participant may continue in the FSS program of the initial PHA if the Participant demonstrates that they will be able to fulfill their responsibilities under the initial or modified Contract of Participation at the new place of residency.¹⁷
- C. A relocating FSS Participant may participate in the FSS program of the receiving PHA, if allowed by the receiving PHA.
 - 1. If a porting FSS Participant joins the receiving PHA's FSS program, the receiving PHA will enter into a second contract of participation with the FSS Participant for the remaining term on the initial PHA's FSS contract of participation. The initial PHA will then terminate the Participant's contract of participation.
 - 2. One FSS escrow account will be maintained for the Participant by the PHA responsible for paying the Participant's Housing Assistance Payment (HAP).
 - 3. When an FSS Participant is absorbed by another PHA, the initial PHA will transfer the balance of the FSS escrow account to the receiving PHA.
 - 4. If an FSS Participant that relocates is unable to fulfill their obligations under the contract of participation in the new location, the initial PHA may terminate the Participant from the FSS program; under these circumstances, the escrow account would be forgone.
- D. Escrow disbursements will be administered according to the guidelines of the PHA that maintains the escrow account.¹⁸

XI. JOBS PROGRAM AND JTPA

- A. The BHA certifies the FSS program has been developed in coordination with the JOBS program and the Job Training Partnership Act (JTPA) and will continue to coordinate services with these and other relevant agencies.
- B. The FSS program strives to provide a strong network of referral agencies and services to assist Participants with meeting their goals.

¹⁶ Bloomington Housing Authority. *Section 8 Administrative Plan* Chapter 10 pgs. 10-8 – 10-20.

¹⁷ "Section 8 residency and portability requirements" *Code of Federal Regulations*. Title 24 Pt.984.306. 4/1/2000 ed.

¹⁸ HUD Field Office, Indianapolis

References

1. Bloomington Housing Authority. *Section 8 Administrative Plan*. 2010.
2. U.S. Code of Federal Regulations. "Section 8 and Public Housing Participant Self-Sufficiency Program" Title 24. Pt 984. 4/28/2001.
3. U.S. Housing and Urban Development, Form HUD-52650. "Participant Self-Sufficiency (FSS) Program Contract of Participation," 12/2004.
4. U.S. Housing and Urban Development, Form HUD-52650. "HA Instructions for Executing the Contract of Participation," 12/2004.
5. U.S. Housing and Urban Development. *SuperNOFA Broadcast Training Materials 2008: HCV/FSS Presentation*. ONLINE. May 15th, 2008. HUD. Available: <http://www.hud.gov/offices/adm/grants/nofa08/hcvfssslides.ppt>

Appendices

- A. Participant Interim Disbursement Request
- B. Coordinator Interim Disbursement Request
- C. Coordinator Final Disbursement Request
- D. FSS Participant's Agreement
- E. Interim Disbursement Policy for work attire and/or cell phones

Appendix A: Participant Interim Escrow Request

REQUEST FOR FSS INTERIM DISBURSEMENT OF FUNDS

Name: _____ **Phone:** _____ **Date:** _____

Address: _____

Landlord's name: _____

Landlord's phone: _____

Current Employment: _____

Amount of money requesting: _____

What goal(s) in your ITSP will this disbursement help you meet?

What interim goal(s) have you already met to qualify for this disbursement?

What other resources have you looked into for assistance with meeting your stated goal?

Why are the above mentioned resources unable to help with meeting your stated goal?

How will the requested funds help you achieve a higher level of self-sufficiency?

Please attach additional documents to verify the need for the amount of escrow funds you are requesting.

Appendix B: Coordinator Interim Escrow Request (2 pgs.)

INTERIM DISBURSEMENT OF FSS ESCROW

Name: Phone: Date:

Address:

Current income: Works at:

Total in escrow account to-date: Date started escrow:

FSS Contract start date:

Amount of money requesting:

Does participant have any current or past debts owed to the BHA? (circle one) Yes No
-If yes, how much?

Has Participant requested a prior interim disbursement? Y N
-If yes, was the disbursement approved or denied? Approved Denied
If approved, what amount was disbursed and purpose?
If denied, please state the reason for denial:

Is participant currently in good standing with their landlord? (circle one) Yes No

FSS contract goals:

Final Goal:

Interim Goals:

#1 -

#2 -

#3 -

#4 -

Goals met: (include dates that goals were accomplished)

What goals will this interim disbursement help the Participant accomplish?

O APPROVED

O DISAPPROVED

SIGNATURE of FSS COORDINATOR date

Ashley Thurman FINANCIAL CONTROLLER date

Amber Gress ADMINISTRATIVE DIRECTOR date

Date check disbursed: _____ Check # _____

Amount of check: \$ _____

Received by: _____
FSS Head of Household date

Statement of Understanding: My signature indicates that I have received funds from my FSS escrow account to be used for specific purposes related to goal attainment. I have reviewed the restrictions placed on these funds with my FSS Coordinator and agree to spend the money only for those purposes we have discussed and agreed upon for this interim disbursement. I further agree to provide written documentation to verify that the funds are spent in accordance with the terms of the interim disbursement within ten (10) days to my FSS Coordinator.

_____(initial) Restrictions placed on this interim disbursement include:
#1
#2
#3

_____(initial) I agree to submit the following interim spending verifications within ten (10) days:
#1
#2
#3

_____(initial) If I do not follow the spending guidelines or provide timely verifications for spending, I understand that I will have to repay this disbursement to the BHA. Additional penalties such as withholding supportive services and termination from the FSS program may also apply.

Appendix C: Coordinator Final Disbursement Request

FINAL DISBURSEMENT OF FSS ESCROW

Date: _____ **NAME:** _____ **Phone:** _____

ADDRESS: _____

Effective Date: _____ CURRENT EARNED INCOME: _____

Is participant currently in good standing with their landlord? (circle one) Yes No

Does participant have any current or past debts owed to the BHA? (circle one) Yes No

FSS Contract Goals: _____

Goals Met: _____

Account History:

Total Escrow accrued: \$

Earned Interest: \$

Interim Disbursement: \$

Interim Disbursement: \$

Debts Owed to BHA: \$

Final Disbursement: \$

FSS COORDINATOR DATE

Ashley Thurman, FINANCIAL CONTROLLER DATE

Amber Gress, ADMINISTRATIVE DIRECTOR DATE

Date check disbursed _____ Check # _____ Amount of check \$ _____

HOH SIGNATURE DATE

Appendix D: FSS Participant's Agreement

BHA Participant Self-Sufficiency (FSS) Program Participant's Agreement

1. I agree to perform all requirements under the FSS Program Contract of Participation (COP) and the FSS Program Action Plan. I understand that the BHA FSS Program may terminate my COP and end my participation in the FSS Program for violation of any of the stated Participant requirements. Termination of the COP will result in the loss of any and all escrow funds that have been credited to my account. If terminated I will not be allowed to participate in the FSS Program for three years. Termination from the FSS Program will not result in termination from S8 Housing Assistance.
2. I agree to comply with the terms of my lease.
3. I agree to comply with all of the Section 8 Participant Obligations.
4. I understand that failure to report income is considered an act inconsistent with the FSS Program and will result in termination from the FSS Program.
5. I agree to complete the self-sufficiency activities in Individual Training and Services Plan by the dates I have set with my Coordinator.
6. I agree to seek and maintain suitable employment once I have completed the previous steps of my Individual Training and Services Plan
7. I agree to be suitably employed at the completion of my COP.
8. I understand that all household members must be free of TANF at the completion of my COP.
9. I agree to complete quarterly self progress reports and return them to my FSS Coordinator.
10. I agree to read the quarterly FSS newsletter when it comes to me in the mail.
11. I agree to report to my FSS Coordinator when I complete my activities and goals, and to provide written documentation of such.

Signature of Participant

Date

Signature of FSS Coordinator

Date

Appendix E

BLOOMINGTON HOUSING AUTHORITY PARTICIPANT SELF-SUFFICIENCY PROGRAM

Interim Escrow Distribution Policies for Work Attire/Clothing and Cell Phones

Interim Escrow Distribution- Work Attire/Clothing

Participants who request funds for work attire must be employed or must be working towards goals related to entrepreneurship in order to receive escrow funds for work attire. Prior to submitting the request, Participants must meet with FSS Coordinator to discuss attire needs as it relates to their employment. Participants must follow through with any referrals for clothing prior to requesting escrow funds for work attire. Participants must also state what type of garments (shoes, undergarments, outerwear, etc.) and how many garments they plan to purchase.

Escrow disbursements for work attire may not exceed a total of five hundred dollars (\$500.00) during the term of the FSS Contract of Participation (FSS Contract). Participants are required to provide dated receipts to verify all purchases totaling the amount for which the disbursement was intended. All dated receipts must be received by BHA within ten (10) days from the date of purchase and not more than forty (40) days from the date which the disbursement is received.

Participant must agree to bring in documentation for any garment purchased with escrow funds that is returned and will present said documentation within ten (10) days from the date of the return. Any refund or applied store credit must be spent on the purchase of professional work attire. Receipts for goods purchased with store credit or returned funds must be submitted to BHA within ten (10) days from the date of the return.

Failure to present all documentation within the specified time periods will result in a repayment agreement for any undocumented amount and may be added to any other undocumented purchases pertaining to this disbursement.

Interim Escrow Disbursement- Cell Phone

Participants must have the following documentation prior to requesting an interim disbursement for the purposes of purchasing a cell phone or upgrading a cell phone package:

- Have an employment-related goal that requires use of a cell phone
- Submit verification that the use or activation of a cell phone will help improve their business
- Submit written documentation to verify the phone or plan that they will purchase if the disbursement is approved

Disbursements for the purchase of a cell phone or cell phone plan may not exceed a total of \$350.00 during the term of the FSS Contract. Participants must submit proof of purchase within ten (10) days from the date of the disbursement to verify that funds were spent in accordance with the terms of the interim disbursement. Failure to present all documentation within the specified time periods will result in a repayment agreement for any undocumented amount.