

FY 2004 - RESIDENT OPPORTUNITY AND SELF-SUFFICIENCY PROGRAM
PUBLIC HOUSING FAMILY SELF-SUFFICIENCY
FUNDING REQUEST FORM

OMB Approval No. 2577-0229
Expiration Date: 02/28/2009

1. PHA Information:

* Name:

* PHA Number:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code: * Country:

* 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 additional sheets as necessary):

* Name:

* PHA Number:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code: * Country:

Joint Applicant Additional Information:

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

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number:

* Email:

* 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:

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 5 - 9

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5. 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): \$

(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 of \$63,000 per position)

* 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

* 6. Total amount requested for Contract Administrator services: \$

7. Program Participant Information:

* Number of single-parent families:

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 - Complete All that Apply:

- * The number of families enrolled in the Public Housing FSS program as of 9/30.
- * The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.
- * The average escrow account distribution paid to Public Housing families that graduated between 10/1 and 9/30.
- * The number of Public Housing FSS families that have successfully completed their FSS contracts between 10/1 and 9/30.
- * The number of Public Housing FSS graduates that moved out of public housing.
- * The number of Public Housing FSS graduates who participated in a ROSS-funded homeownership program.
- * The number of Public Housing FSS graduates who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTIONS 10 - 12

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 of \$63,000 annually for the position)

* 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

* 11. Total amount requested for Contract Administrator services: \$

12. Information About Potential Participants:

* Percent of target population that is unemployed: % * Number of single-parent families in target population: