



Family Self Sufficiency Progress Report (July - December)



Fill out your progress report in as much detail as possible. This progress report is **required** as part of your commitment to meeting the short & long-term goals you outlined in your Individual Training and Service Plan. This information also helps the FSS Coordinator support you in obtaining your goals as needed.

Form Instructions: Click in a box or on a line to type text. Click directly on a check box to mark it or unmark it.

Return report to fss@evha.org by: January 15th

You may also drop off or send by U.S. mail to: Everett Housing Authority – 3107 Colby Avenue, Everett, WA 98201

| | |
|--------------------------------|----------------|
| Head of Household Name: | Phone: |
| Address: | E-mail: |

| | | |
|--|-----------|--------------------|
| Are any other household members over 18 years also participating in the FSS Program? | Yes No | If yes, who: _____ |
|--|-----------|--------------------|

Check any changes you have experienced in the last 3 months.

- Started a New Job Lost a Job Received a Work Promotion Received a Pay Increase
- Someone moved in to the household – Who/When: _____
- Someone moved out of household – Who/When: _____
- Started a School or Training program Completed School or Training program (explain next page)
- New unexpected Debt or Expense – Explain: _____
- Moved to a Different Home – When/Where: _____
- Got behind on Rent – Explain: _____
- Other _____

Head of Household Employment & Income

| | |
|--|-----------------------------|
| Are you currently employed: Yes No - Full Time Part Time Seasonal Temporary Self | |
| Are you searching for new employment: Yes No | |
| If unemployed, do you receive unemployment benefits: Yes No - If yes, how much per week \$_____ | |
| I currently receive these other benefits: SNAP/Food TANF Medicaid SSI SSDI Child Support | |
| Name of Employer: | Job Title: |
| Hours worked per week: | Wage: \$_____ |
| | Hourly Monthly Annual |
| If seasonal/temporary or work study, when does job end? | |



Family Self Sufficiency Progress Report (January - June)



Education & Training

| | | |
|---|-----|-------------------------------------|
| Did you start an education or training program in the past 3 months? | Yes | Name of Program: |
| Did you complete an education or training program in the past 3 months? | Yes | Name of Program/Degree/Certificate: |
| <p style="margin: 0;">GED High School Diploma Certificate</p> <p style="margin: 0;">Associate Degree Bachelor's Degree</p> | | |

Financial Literacy & Life Skills Training

Note any Financial Literacy or Life Skill classes you attended in the last 6 months.

| Topic | Date | Location/Presenter |
|-------|------|--------------------|
| | | |
| | | |
| | | |

Did you obtain copies of your credit reports - YES - When: _____

What Credit Bureaus: Equifax Experian Trans Union - What is your current FICO Score: _____

Are you maintaining a monthly Budget Worksheet - YES

Services

| | | |
|--|---------------------|--------------------------------|
| Are you in need of assistance with any of the following services to help support your FSS progress? | | |
| Childcare | Health Services | Legal Assistance |
| Transportation | ESL/ELL Classes | Job Search Assistance |
| Credit Reports | Budgeting | Education/Training Assistance |
| Homeownership | Conflict Management | Resume' or Interviewing Skills |
| Other: _____ | | |

Are you working with any other people or agencies to help support your FSS goals at this time? YES

If yes, briefly describe who & how they are supporting you:



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Individual Training & Service Plan Progress

Please note which ITSP goals you are actively working on or have completed in the last 3 months.

ITSP GOAL: _____

Status: In progress Not Started Completed Date completed:

Comment:

ITSP GOAL: _____

Status: In progress Not Started Completed Date completed:

Comment:

ITSP GOAL: _____

Status: In progress Not Started Completed Date completed:

Comment:

Do you want to schedule an appointment to discuss your goals prior to your annual review? YES NO

If yes, what do you want to focus on? _____

What are the best dates & times for you to meet? _____

I certify that the information I have provided in this progress report is true and accurate to the best of my knowledge. I understand that:

- It is my responsibility to report changes in writing within ten (10) days of the changes that affect my/our household composition and/or the household member's income to my Property Manager/Housing Choice Voucher Specialist as well as my FSS Coordinator.
- No member of my household can be receiving any form of TANF cash assistance at any time during the *last* twelve (12) months of my FSS Contract of Participation. This will result in forfeiting all escrow funds held on my behalf.
- I must remain in compliance with program requirements and complete ITSP Goals within the timeframe stated on my FSS Contract of Participation to successfully graduate and obtain any money accrued in the escrow account held on my behalf.

| FSS Participant Signature (type full name) | Date |
|--|------|
| | |