



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



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Education & Training

Did you start an education or training program in the past 3 months?	<input type="checkbox"/> Yes	Name of Program:
Did you complete an education or training program in the past 3 months?	<input type="checkbox"/> Yes	Name of Program/Degree/Certificate:
<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree		

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?

<input type="checkbox"/> Childcare	<input type="checkbox"/> Health Services	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Transportation	<input type="checkbox"/> ESL/ELL Classes	<input type="checkbox"/> Job Search Assistance
<input type="checkbox"/> Credit Reports	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Education/Training Assistance
<input type="checkbox"/> Homeownership	<input type="checkbox"/> Conflict Management	<input type="checkbox"/> 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 (sign full name)	Date