



## 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 [abbyk@evha.org](mailto:abbyk@evha.org) by: July 15<sup>th</sup>**

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

<b>Head of Household Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>E-mail:</b>

Are any other household members over 18 years also participating in the FSS Program?	Yes No	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

<b>Are you currently employed:</b> <b>Yes</b> <b>No</b> -    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	
<b>Name of Employer:</b>	<b>Job Title:</b>
<b>Hours worked per week:</b>	<b>Wage:</b> \$_____
	Hourly    Monthly    Annual
<b>If seasonal/temporary or work study, when does job end?</b>	



## Family Self Sufficiency Progress Report (January - June)



### Education & Training

Did you <b>start</b> an education or training program in the past 3 months?	Yes	Name of Program:
Did you <b>complete</b> 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

<b>Are you in need of assistance with any of the following services to help support your FSS progress?</b>		
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:



# Family Self Sufficiency Progress Report (January - June)



## 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