



Scottsdale Housing Agency
Paiute Neighborhood Center
6535 E. Osborn Rd., Bldg. 8
Scottsdale, AZ 85251-6029

PHONE 480-312-7717
FAX 480-312-7761
TDD 480-312-7411
WEB www.ScottsdaleAZ.gov search "Housing Choice Voucher"

FAMILY SELF-SUFFICIENCY (FSS) PROGRAM

Scottsdale Housing Agency has a voluntary assistance program for Housing Choice Voucher participants. FSS is designed to assist families in achieving economic independence and self-sufficiency through education, job training and increased earned income.

If you are interested in the FSS Program, your next steps are:

1. Read the FSS Program explanation
2. Complete the attached application. Don't forget to sign it. Incomplete applications will not be accepted.
3. The FSS Specialist will review your application, then call you to schedule an appointment.
4. At the first appointment, we will go over the program and requirements. We will discuss your goals and create your Individual Training and Service Plan (ITSP). The ITSP is often referred to as "goals sheet".
5. If a second appointment is needed, the Contract of Participation and ITSP will be signed at that time.

PLEASE NOTE: *Current employment is NOT a requirement for enrollment in the FSS program, but it is expected that you have employment goals and will become employed.*

City of Scottsdale Family Self-Sufficiency Specialist:

Gabrielle Alexander
galexander@scottsdaleaz.gov
480-312-2257



Goals of Family Self-Sufficiency

Family Self-Sufficiency is a Housing Choice Voucher (HCV) program designed to help participants to improve their knowledge, skills and employability. FSS partners with families to become free of public assistance and attain economic self-sufficiency.

Eligibility for Participation in FSS

Current HCV participants, who are in good standing, are eligible to participate in the FSS program. Enrollment may be subject to program size limitations and applicant's approval by FSS selection committee.

Case Management

A participant will be asked to establish short term, interim and final goals. The FSS Specialist will review the goals and identify which supportive services are needed and how to obtain assistance in those areas. The goals will be reviewed on a regular basis.

Contract of Participation

Each family participating in the FSS program must execute a Contract of Participation and an Individual Training and Service Plan. The head of household will sign the contract to be completed within five (5) years, or less.

Financial Incentive: Escrow Account

The FSS program provides a financial benefit for the family at the completion of the FSS program. As the EARNED income in the household increases, the tenant rental portion also increases.

If you are participating in the FSS program, HUD sets aside an amount relative to the tenant rental portion increase, as long as the earned income remains the same or increases.

The amount in the set – aside account (ESCROW) will be paid in full to the head of household once the Contract of Completion has been satisfied AND when there has been no cash assistance (TANF) coming into the household for the last 12 months. Please read the FSS Contract of Participation for full details.

<u>Total Tenant Payment (TTP)</u>	<u>Rent</u>	<u>Housing Subsidy</u>
\$100 (to landlord)	\$500	\$400 (to landlord)

TWO YEARS LATER: **Earned** income **increases** TTP to \$300

<u>Total Tenant Payment</u>	<u>Rent</u>	<u>Housing Subsidy</u>
\$300 (to landlord)	\$500	\$200 (to landlord) + \$200 to escrow account

Tenant portion is \$300; Housing portion has reduced from \$400 to \$200; now housing is only paying \$200 toward your rental subsidy. The balance of \$200 that HUD was paying, is now going into the escrow account for your family.



FAMILY SELF-SUFFICIENCY (FSS) PROGRAM APPLICATION

I am interested in participating in the FSS Program. Please schedule me for an informational appointment. I understand that failure to attend my appointment will result in my name being removed from the list for FSS participation.

Name: _____ Phone: _____

Street Address: _____ Zip Code: _____

Email Address: _____

Circle all that apply:

Work full-time Work part-time Not currently working Full-time student

Part-time student Not in school

The best way to reach me is: phone email

The best time to reach me is: _____

I have completed the attached Personal Data and Goals form (required to obtain an appointment).

Signature: _____ Date: _____

If you are a person with a disability and require a reasonable accommodation in order to participate in the programs and services at the City of Scottsdale Housing Authority, please call 480-312-7717. You may be required to provide information to support your reasonable accommodation request.

DO NOT WRITE BELOW THIS LINE

Docs received: _____	Participant contacted: _____
Information Appointment: _____	
Docs received by deadline: date _____	yes no
ITSP/Contract of Participation Appointment: _____	FSS Effective Date: _____
FSS Specialist Signature: _____	Date: _____



PERSONAL DATA AND GOALS

Please list your career goals that you would like to accomplish:

Please list your education and/or training goals you would like to accomplish:

Please list your personal/family goals (parenting, money management, homeownership, life skills, etc.):

Please list your financial goals:

Other goals you would like pursue:

Personal Statement: Describe your past work experience, training and/or education. Please describe what future career you would like. Please describe the barriers you are facing to achieve your goals. How can FSS help you?



CURRENT STATUS

Years of school completed: _____ Diploma _____ GED _____

What form of transportation do you use: Circle all that apply

Own car Walk Bus Other

Do you have a home computer? No Yes

What are your other needs:

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Scottsdale Housing Agency Family Self-Sufficiency Information Release

I authorize Scottsdale Housing Agency to release general information of my participation in the FSS program. This information may be used for various media sources such as FSS newsletters, announcements, brochures, or to help promote the program, or to coordinate services. This includes but is not limited to event photos. Declining to sign below will not affect my participation in the FSS program.

Printed Name

Signature

Date

