



**South Central Minnesota Multi-County H.R.A.  
(SCMMCHRA)  
Family Self-Sufficiency (FSS) Program  
General Information**

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Dear Applicant,

Family Self-Sufficiency is a work-incentive program, in order to participate in FSS; you must be receiving a Housing Choice Voucher (Section 8 Rental Assistance) through the South Central MN Multi-County HRA. The FSS Program Coordinator will work with you to set up a five-year plan that includes employment, education, and training goals. Every 6 months, these goals will be reviewed and revised to meet your needs. Candidates most suitable for the program are people who are currently unemployed or under-employed who know that they will be working full-time within the next 1 to 4 years.

Participation in the FSS Program provides you with a savings benefit. As a participant of the FSS Program you have the opportunity to establish an escrow (savings) account as your earned income increases. This account is established and maintained using no personal money. Here's how it works: as participants begin to work and receive "earned" income, the family portion of their Section 8 rent payment will increase. HUD will match the rent increase and deposit this amount into an interest-bearing account. Participants have earned over \$20,000 on the FSS Program!

Please read the following items to see if you have an interest in the program and to see if you meet the program general guidelines:

1. Motivational Screening (all interested individuals must):
  - Complete and return a FSS interest form.
  - Complete and return the application form.
  - Participate in an enrollment interview with the Program Coordinator.
  
2. Incentives
  - Case management services will be available through the FSS Program as participants move off public assistance and into employment.
  - The establishment of an Escrow account will enable participants to move toward homeownership and get out of debt.

- Interim Adjustments will be allowed to any Section 8 recipient when they have an increase in income or decrease in allowable expenses. This interim adjustment will allow FSS participants to take advantage of the escrow benefit as income increases, rather than having to wait until the next scheduled re-exam. The interim adjustment is optional.

3. Requirement to Seek and Maintain Employment

- The head of the FSS family is required to seek and maintain suitable employment during the course of the contract term.
- There is no minimum period a family needs to be employed to meet this requirement.
- The head of household must be employed by the end of the contract term in order to meet the contract requirements.
- Only the FSS head of Household is required to obtain employment as a condition of completing the contract goals.

If you are interested in the Family Self-Sufficiency (FSS) Program, please fill out and return the application. If you have questions please call Nicole Cunningham at (507) 345-1977 or via email at [nicolec@hickorytech.net](mailto:nicolec@hickorytech.net).

Sincerely,

Nicole Cunningham  
Family Self-Sufficiency/Homeownership Program Coordinator





**South Central Minnesota Multi-County H.R.A.  
Family Self-Sufficiency (FSS)  
Application**

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Name of Participant: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Transportation**

1. Do you have access to a car? YES or NO
  - a. If yes, do you own this vehicle? YES or NO
2. Do you have a valid Driver's License? YES or NO
  - a. If no, have you ever had a license? YES or NO
3. Other information about transportation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment**

1. Are you currently working? YES or NO
  - a. If you are currently working please list:  
Place of employment: \_\_\_\_\_  
Date employment began: \_\_\_\_\_

- b. If employed, please indicate the benefits offered by your current employer:
- \_\_\_\_\_ Health Care
- \_\_\_\_\_ Retirement Account (401k, etc...)
- \_\_\_\_\_ Other Benefits (Skill Training, etc...)

c. If you are not employed, are you looking for a job? YES or NO

2. Do you have a disability that interferes with your ability to work? YES or NO

3. What type of work are you interested in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Current Employment Status:

- \_\_\_\_\_ Full Time
- \_\_\_\_\_ Part Time
- \_\_\_\_\_ Unemployed
- \_\_\_\_\_ Retired

*List name, address and phone number of the last three employers of applicant*

Company/Supervisor	Job Title	Address	Dates of Employment

5. Do you have a current or previous supervisor that will give you a good recommendation?  
YES or NO

6. Do you have a current Resume? YES or NO

7. Are you receiving job training services? YES or NO

- a. If yes, with whom are you receiving vocation or job training services
- \_\_\_\_\_ Department of Human Services
- \_\_\_\_\_ MN Valley Action Council
- \_\_\_\_\_ Life-Work Planning Center
- \_\_\_\_\_ Minnesota Workforce Center

\_\_\_\_\_ Other (please explain: \_\_\_\_\_)

8. Other information about jobs and training?

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**Child Care**

1. Do you currently have reliable child care? YES or NO

2. How many children currently receive child care services? \_\_\_\_\_

a. Please explain:

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3. Does one or more of your children have a disability that interferes with your ability to work?  
YES or NO

4. Does one or more of your children have a behavior problem or issue that interferes with  
your ability to work? YES or NO

5. Do you receive Child Support consistently? YES or NO

6. Do you get your Child Support through the Support Collection Unit? YES or NO

7. Other information about children?

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## Education

1. What is the highest grade of school you have completed?  
 8<sup>th</sup> Grade  
 9<sup>th</sup> Grade  
 10<sup>th</sup> Grade  
 11<sup>th</sup> Grade  
 12<sup>th</sup> Grade  
 College: 1 year  
 College: 2 years  
 College: 3 years  
 College: 4 years  
 Other, please explain: \_\_\_\_\_
  
2. Are you currently enrolled in:  
 GED classes  
 High School  
 College/University classes  
 English as a Second Language (ESL)  
 None of the above  
 Other, please explain: \_\_\_\_\_
  
3. If you are not currently enrolled in school, do you plan to return to school or individual classes in the next 3 years? YES or NO
  
4. For what would you like to return:  
 2 Year College  
 4 Year College  
 Apprenticeship  
 Basic Skills  
 Computer Literacy  
 Displaced Homemakers Class  
 Driver's Education  
 GED  
 English as a Second Language (ESL)  
 Vocational Training  
 Parenting  
 Starting Own Business  
 Other, please explain: \_\_\_\_\_
  
5. Other information about education?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family/Personal Needs

1. Family issues and needs?

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2. Do you have immediate needs with regards to the following?

- Food
- Heating/Utilities
- Transportation
- Crisis Prevention
- Other (please explain: \_\_\_\_\_)

3. Have you ever had counseling services in the past? YES or NO

4. Are you or any members of your family receiving:

- Medicaid/Medicare
- Food Stamps
- WIC
- Cash Assistance
- Utility Voucher
- Unemployment Insurance
- Worker's Compensation
- Supplemental Security Income (SSI)
- General Assistance
- Federal Earned Income Tax Credit

5. Would you like assistance with the following?

- Credit Counseling
- Information about Homeownership
- Budget Counseling
- Creating a Resume
- Childcare Services
- Post Secondary Education
- Other (Please explain: \_\_\_\_\_)

I give permission for the SCMMCHRA to obtain information necessary to verify any and all information related to this homeownership application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date