



Family Self-Sufficiency Grant (FSSG) Application

FSSG program services are intended to provide immediate and short-term assistance to PROMISE JOBS participants by addressing barriers related to retaining employment or obtaining employment within two calendar months of program payment authorization. This is a voluntary program and all other sources for assistance should be exhausted prior to application. *(Please clearly print)*

Applicant Section:

Applicant Name: _____ Date of Application _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone/Cell: _____

SID#: _____

EMPLOYMENT STATUS:

Are you currently: _____ Employed _____ Unemployed

If employed: # of hours/week _____ Current wage/salary _____

Name of employer (current or soon to be): _____

Job Site address (current or soon to be): _____

REASON FOR APPLICATION:

Type of assistance requested (check all that apply):

Motorized Vehicle Repair	Amount requested \$	Occupational/Professional Licensure/Testing	Amount requested \$
Clothing for Employment	Amount requested \$	Housing	Amount requested \$
Grooming/Personal Care	Amount requested \$	Relocation	Amount requested \$
Utilities	Amount requested \$	Tools/Equipment	Amount requested \$
Other (please explain):	Amount requested \$	Transportation, other than Motorized Repairs	Amount requested \$

Total amount being requested: _____

How will this help you become employed/maintain employment?: _____

Who, in the community, have you asked for help? What did they say?: _____

Name of Vendor to provide service: _____

Vendor Address (street, city, zip): _____

Vendor Federal ID#: _____

Required documentation:

The following documentation must be included at the time of application for the following services to be considered:

Motorized Vehicle repairs:

Proof of valid driver's license. May only have one vehicle currently registered in applicant's name. Two parent households can only have two vehicles currently registered. One estimate from a certified mechanic or licensed automotive repair shop

Transportation, other than Vehicle Repairs

Money for gas (at the mileage rate for executive branch employees, for private transportation), bus pass(es), cab fare(s), or carpooling expense(s) require job site location. In order to apply for assistance with vehicle titling, licensing, and registering, applicant must provide proof of the following: vehicle ownership, valid Driver's License and, at minimum, liability auto insurance. Applicant must also provide a statement from the Department of Transportation indicating the cost of service for the license fee. In order to apply for assistance with auto insurance, applicant must provide proof of the following: vehicle ownership and valid Driver's License, or documentation to show prohibition period is over (eligible to obtain a driver's license) and estimate of costs.

Occupational/Professional licensure/testing:

Estimate of costs from vendor or receipt of payment made
Self-employment start-up costs require a detailed business plan, marketing plan and documented proof that applicant has sought resource assistance, virtual, online, or in-person with the Small Business Administration (SBA) or one of the 15 Regional Small Business Development Centers (SBDC).

Tools/Equipment: Estimate of costs from vendor. Proof of employment/job offer.

Grooming/Personal Care:

Receipt of purchase or estimate of cost from vendor.

Clothing for Employment:

In order to apply for work related uniforms, applicant must provide proof of employment and statement from employer that is requiring uniform and name of vendor that carries uniform. All applications for clothing assistance will require receipt of purchase or estimated cost from vendor.

Housing Assistance:

Copy of lease/rental agreement. If payment is for delinquent rent, applicant must include written justification outlining reason for delinquency and details on how they plan to maintain their rent in a current standing.

Relocation Assistance:

Estimate of costs from vendor. Proof of employment/job offer. Provide job site location (must be greater than 30 miles from current residence). Provide itemized estimates of moving expenses. Written justification is provided showing proof applicant paid for truck/trailer rental and is seeking reimbursement.

Utility services:

Copies of actual utility statement(s)
If payment is for delinquency services, applicant must provide written justification outlining reason for delinquency and details on how they plan to maintain their utilities in a current standing.

This application is valid for 30 days from the date signed. Applicant must be receiving FIP and participating in PROMISE JOBS activities on date of submission.

I certify by my signature that the information on this application is correct to the best of my knowledge and may be verified by PROMISE JOBS staff. I understand that there is not entitlement to FSSG funding and the intent of this program is to reduce dependency on FIP cash assistance. Expectations of my participation in this program have been explained to me.

Applicant Signature: _____	Date: _____
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Caseworker Signature: _____	Date: _____
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FOR OFFICE USE ONLY

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|---|--|
| <input type="checkbox"/> FIP Active | <input type="checkbox"/> Identifiable barrier(s) outlined |
| <input type="checkbox"/> Categorized as Work Ready | <input type="checkbox"/> FIP - Hardship Status |
| <input type="checkbox"/> Valid FIA | <input type="checkbox"/> # of FSSG applications/authorizations |
| <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Previous funds used \$ _____ |
| <input type="checkbox"/> Sought community resources | <input type="checkbox"/> Required documentation submitted |
| <input type="checkbox"/> FSSG Approved | <input type="checkbox"/> FSSG Denied |