



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):

<input type="checkbox"/>	Housing Assistance	Amount requested \$	<input type="checkbox"/>	Clothing for Employment	Amount requested \$
<input type="checkbox"/>	Utilities Services	Amount requested \$	<input type="checkbox"/>	Grooming/Personal Care	Amount requested \$
<input type="checkbox"/>	Relocation Assistance	Amount requested \$	<input type="checkbox"/>	Occupational/Professional Licensure/Testing	Amount requested \$
<input type="checkbox"/>	Vehicle Repairs	Amount requested \$	<input type="checkbox"/>	Tools/Equipment	Amount requested \$
<input type="checkbox"/>	Transportation, other than Vehicle Repairs	Amount requested \$	<input type="checkbox"/>	Other (please explain):	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.

If employed: Job offer with start date, employer's statement of earnings (ESOE), statement from employer, or current pay stubs.

If self-employed: Signed statement from individual verifying self-employment, self-employment ledgers, tax documentation, business license, EIN, or proof of working with a local resource for self-employment assistance.

Housing Assistance:

Copy of lease/rental agreement showing monthly rent amount and vendor/landlord information

Utility services:

Copies of actual utility statement(s) showing the delinquent amount and dates when costs incurred.

Relocation Assistance:

Estimate of costs from vendor or if requesting reimbursement for truck/trailer rental, itemized receipt of moving expenses and proof of payment, along with written explanation justifying the request for reimbursement of the truck/trailer rental.

Vehicle repairs:

Copy of valid driver's license. Estimate of cost 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. To apply for assistance with vehicle titling, licensing, and registering, applicant must provide proof of the following: vehicle ownership, valid driver's license, auto insurance, and estimate of cost from the Department of Transportation for the cost of the title, license, and/or registration fee. To apply

for assistance with auto insurance, applicant must provide proof of the following: vehicle ownership, valid Driver's License, or documentation to show prohibition period is over (eligible to obtain a driver's license) and estimate of cost for auto insurance.

Clothing for Employment:

Estimate of cost from vendor or if requesting reimbursement, itemized receipt, and proof of payment, along with written explanation justifying the request for reimbursement of the payment.

Grooming/Personal Care:

Estimate of cost from vendor.

Occupational/Professional Licensure/Testing:

Estimate of costs from established business/vendor/organization or if requesting reimbursement, itemized receipt, and proof of payment, along with written explanation justifying the request for reimbursement of payment.

Tools/Equipment: Estimate of cost from vendor or if requesting reimbursement, must provide itemized receipt and proof of payment, along with written explanation justifying the request for reimbursement of payment. Proof of employment, self-employment, or an offer of employment.

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:

Caseworker Signature:

Date:

FOR OFFICE USE ONLY

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|--------------------------|----------------------------|
| <input type="checkbox"/> | FIP Active |
| <input type="checkbox"/> | Categorized as Work Ready |
| <input type="checkbox"/> | Valid FIA |
| <input type="checkbox"/> | Employment Verification |
| <input type="checkbox"/> | Sought community resources |
| <input type="checkbox"/> | FSSG Approved |

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Identifiable barrier(s) outlined |
| <input type="checkbox"/> | FIP - Hardship Status |
| <input type="checkbox"/> | # of FSSG applications/authorizations |
| <input type="checkbox"/> | Previous funds used \$ _____ |
| <input type="checkbox"/> | Required documentation submitted |
| <input type="checkbox"/> | FSSG Denied |