IOWA Health and Human Services | IOWA Workforce Development

Family Self-Sufficiency Grant (FSSG) Application

FSSG gives short-term help to PROMISE JOBS participants who have a problem that is stopping them from getting or keeping a job. The program is voluntary. The assistance provided is expected to resolve the issue within two months. You cannot get FSSG if another local resource provides the same help for free. You must check local resources first and may need to show proof.

Applicant Information:

Applicant Name: _____ Phone: _____

Address (street, city, zip): _____ SID: _____

Help You Need: Items must be necessary and reasonable to get or keep a job. Tell us what problem you are having and how this assistance will help. Then, check all that apply and write the amount. You must send proof. See Required Documentation.

What problem is making it hard for you to get or keep a job and how will this assistance help you fix it?

_____

_____

☐ **RENT ASSISTANCE:** $_____
May include one month of rent or the balance after other community resources, up to $1,000.

☐ **UTILITIES:** $_____
May include landline phone, water, gas, propane, or electric services.

☐ **RELOCATION EXPENSES:** $_____
May include truck/trailer rental, housing application fee, and/or utility hook-up fees.

☐ **VEHICLE REPAIR:** $_____
Includes repairs that help your vehicle run and be safe.

☐ **OTHER VEHICLE EXPENSES:** $_____
May include up to six months of vehicle insurance, driver's license fee, and/or titling, licensing and registration.

☐ **TRANSPORTATION EXPENSE:** $_____
May include payment to cover the cost of using public transportation or private transportation, at the state approved rate, up to the first paycheck.

☐ **CLOTHING FOR EMPLOYMENT:** $_____
May include clothing and uniforms that are necessary and reasonable to get or keep a job.

☐ **GROOMING AND PERSONAL CARE:** $_____
May include haircut, hygiene and beauty products, laundry supplies, and essentials such as an alarm clock, planner, bed, frame, and bedding. Items must be necessary and reasonable to get or keep a job.

☐ **OCCUPATIONAL LICENSE OR CERTIFICATION:** $_____
May include testing fees, professional recertification, CDL/chauffer license, trade/union dues, or bonding fees, and self-employment fees, permits and licensing.

☐ **TOOLS OR EQUIPMENT** (**must be employed, self-employed, or have a job offer**)**:** $_____
Work-related items may include computer equipment, software, internet, safety equipment, and background checks.

Total Requested Amount: $_____

Before applying, you must contact local resources that may be able to assist (community agencies, churches, food pantries, local programs, friends, or family). **Who did you contact?** _____

What did they say? _____

Required Information: Documentation must be provided to determine eligibility.

☐ **Work Ready:** If not working, your PROMISE JOBS worker must decide that you are work ready.

☐ **Self-Employed:** Signed statement verifying self-employment, self-employment ledgers, tax documentation, business license, EIN, or proof of working with a local resource for self-employment assistance.

☐ **Employed/Job Offer:** Proof of start date, employer's statement of earnings (ESOE), statement from employer, or current paystubs. Start Date: _____ of hours/week: _____ Rate of pay: $_____
Name of employer (current or soon to be):_____
Job Site address (current or soon to be): _____

☐ **Vendor Information:** Name of Vendor to provide service: _____

Vendor Address (street, city, zip):_____

Vendor EIN: _____ A vendor W-9 will be requested if required.

Rent Assistance
☐ Lease/rental agreement showing monthly rent amount including vendor/landlord information.

Utility Services
☐ Copies of actual utility statements showing the delinquent amount and dates incurred.

Relocation Assistance
☐ Estimate of costs from vendor(s)
for truck/trailer rental, housing application fee, and/or utility hook-up fees

Vehicle Repairs
☐ Valid driver's license and
☐ Estimate of cost from a certified mechanic or licensed automotive repair shop.

Transportation Expense
☐ Job site location

Vehicle Insurance
☐ Valid driver's license or proof of eligibility to get one and
☐ Current vehicle registration in applicant's name, and
☐ Estimate of cost for vehicle insurance

Vehicle Titling, Licensing, and Registering
☐ Valid driver's license, and
☐ Proof of ownership and
☐ Estimate of cost from the Department of Transportation for the cost of the vehicle titling, licensing, and/or registration.
☐ Proof of vehicle insurance (see above if you need assistance)

Clothing for Employment
☐ Estimate of cost from vendor for necessary and reasonable items

Grooming/Personal Care
☐ Estimate of cost from vendor for necessary and reasonable items

Occupational/Professional Licensure/Testing
☐ Estimate of costs from established business/vendor/organization.

Tools/Equipment
☐ Estimate of cost from vendor for necessary and reasonable items

You must be getting FIP and participating in PROMISE JOBS when you turn in this application. You must also still be getting FIP and participating in PROMISE JOBS on the date of decision. If approved, the payment will be authorized the date the decision is made. All notices of decision will also be sent on the date the decision is made. If denied, no payment will be made.

By signing this form, I confirm that the information I gave is true to the best of my knowledge. I understand that FSSG funds are not guaranteed and are meant to help reduce the need for FIP cash assistance. The expectations of this program have been explained to me. If I sign this form electronically, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Applicant Signature: _____ Date: _____

PROMISE JOBS Worker Signature: _____ Date: _____