

**Housing Choice Voucher
(HCV) Family Self-
Sufficiency (FSS)
Program Coordinator
Funding**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian
Housing

OMB Approval No. 2577-0178
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PART I: General Information. (To be completed by all applicants.)

Applicant Category: <input type="checkbox"/> Renewal <input type="checkbox"/> New	DUNS Number of Applicant:	Funding Request for Fiscal Year:												
A. PHA Name, Mailing Address & PHA Number of applicant: (For joint PHA applicants, PHA Name, Mailing Address & PHA Number of lead PHA applicant):														
B. PHA Name & PHA Number for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.														
C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.				<input type="checkbox"/> Yes <input type="checkbox"/> No										
D. The applicant qualifies for the following preference categories under this NOFA:														
Homeownership: <input type="checkbox"/> Yes <input type="checkbox"/> No		Colonias: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other - Specify Category (If applicable under this NOFA): <input type="checkbox"/>										
E. Name and telephone number of person most familiar with application:														
Name			Telephone Number											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Signature Block</th> <th style="width: 20%;">Title</th> <th style="width: 15%;">Telephone #</th> <th style="width: 15%;">Fax #</th> <th style="width: 20%;">Date (dd/mm/yyyy)</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Signature Block	Title	Telephone #	Fax #	Date (dd/mm/yyyy)					
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PART II: Homeownership Information. (To be completed by all applicants.)

The PHA applicant currently administers or participates in a HCV Homeownership program or another homeownership program that serves HCV FSS families. Yes No

If yes, provide information requested in A – C below:

A. Name of qualifying homeownership program or programs:

B. The total number of HCV FSS families enrolled in the qualifying homeownership program/programs identified above as of September 30 of the last calendar year:

1.		HCV homeownership program
2.		Other qualifying homeownership programs

C. Number of HCV FSS graduates that have moved to homeownership between October 1, 2000 and September 30, ____ (Use the last calendar year):

1.		HCV homeownership program
2.		Other qualifying homeownership programs

PART III: PHA Applicant Program Status and Accomplishments. (Renewal PHAs Only)

A. Program Status:

1. The applicant qualifies as an eligible renewal PHA under the NOFA. Yes No
2. The PHA has filled each position for which it is seeking renewal funding. Yes No
3. The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. Yes No

B. Program accomplishments as of September 30, ____ . (Use last calendar year):

1.		Total HCV FSS families under FSS Contract.
2.		The number of HCV FSS program participants with an escrow account balance greater than zero.

C. Program accomplishments for the last full Federal Fiscal Year, October 1, __ through September 30, ____ (e.g., FY 2003 would be October 1, 2002 through September 30, 2003):

1.		The number of HCV families that successfully completed their FSS contracts.
2.		The number of those graduates that no longer needed rental subsidy.
3.		The average escrow account distribution paid to families.

PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)

For both renewal of currently funded positions and requests for new positions, provide the Information below for each position requested. Use additional pages as needed.

- A. Renewal Positions** - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)

FY Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***

- B. New Positions** - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**

- C. Total Requested**

1.		Total number of new and renewal positions requested in this application.
2.		Total \$ Requested.

* Type: R= Regular, H=Homeownership

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

*** For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

PART V: Application Information. (New PHA Applicants Only.)

- A. FSS Action Plan Information:**

	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)
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- B. Position/Salary Requested:**

Number of Positions	Salary Requested, including Fringe Benefits**

- C. Total Requested.**

1.		Total number of positions requested.
2.		Total \$ Requested.

** Salary awards will not exceed the cap per position stated in the most recent NOFA.