



Family Self-Sufficiency Program Request for FSS Interim Escrow Payout

Rev. 6/12/19

An application for an interim payout of funds from an FSS escrow account will be considered on a case-by-case basis by the FSS staff, based on the following policies:

1. A partial withdrawal of FSS escrow funds may only be used to pay for actives or services consistent with the goals of the applicant's FSS Contract of Participation.
2. The applicant must be actively working on the goals in their FSS plan, and current documentation (Dated within the past 30 days) verifying these goal-related activities must be provided with the Interim Escrow Payout Application.
3. The total amount of funds in the escrow account may not be withdrawn from an interim payout.
4. No Interim Escrow Payout Requests will be accepted from November 1st-December 31st.
5. FSS Participants file must be current with all requested and required documentation (ex: FSS Progress Reports, etc.)
6. All interim escrow payouts must be approved by the Self-Sufficiency Manager or his/her designee.

Procedures and Timeline

Step 1: Submit application and documentation. Complete the application on page 2 and submit it, along with documentation of activities toward meeting the goals in your FSS plan, to:

**FSS Program
Columbus Metropolitan Housing Authority
880 E. 11th Avenue
Columbus, OH 43211**

Step 2: Application approval or denial. You will receive a decision regarding approval or denial of the interim escrow payout request within 14 calendar days.

Step 3: Payment Timeline. Interim escrow payouts are processed according to agency Check Run Scheduling.

Step 4: Documentation of use of interim withdrawal funds. FSS Participants MUST provide FSS Coordinator with documentation verifying payment to a vendor or service provider within 10 days after the requested funds have been utilized by the participant.

FSS Interim Escrow Payout Application

Withdrawal Amount Requested: \$_____

Identify the *ITSP Goal* category that the payment will help you to complete (check one):

Education Employment Financial Homeownership Transportation Other

Describe how you will use the payment to remove a barrier associated with completing this ITSP Goal:

- YES! I have attached current documentation (dated within the past 30 days) that verifies my FSS goal-related activities. I understand that failure to complete this application in its entirety, or to provide all requested documentation, will result in a delay or denial in processing the application.**

Printed Name of FSS Participant

Signature of FSS Participant

Date

Address

Zip Code

Current Phone

Current Email

Note: Provided there are sufficient funds in the escrow account, participants will have the opportunity to **request a withdrawal of no more than \$1,000 per calendar year**. There is a total maximum withdrawal amount of \$5,000 during the entire term of the FSS Contract of Participation. *(Not applicable to those FSS Participant with an enrollment effective date prior to March 1, 2018.)*

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Participant Name/Tenant ID: _____

Yes No

- Participant is in good standing with CMHA.**
- Family is working toward achieving FSS goal(s).**
- Request for funds in consistent with FSS goal(s).**

Request APPROVED

Request DENIED

FSS Coordinator _____ **Date** _____

Self-Sufficiency Manager _____ **Date** _____