



**State Of New York
Division of Housing and Community Renewal
Statewide Section 8 Program
Web Site: www.nysdhr.gov**

FAMILY SELF-SUFFICIENCY (FSS) CASE CLOSE-OUT

(For Instructions - see page 4)

1. PARTICIPANT INFORMATION

County: _____ Date: _____

FSS Participant Name: _____ Social Security #: _____

FSS Participant Address: _____

Date contract began: _____ Date contract ended: _____

Date contract extension began: _____ Date contract extension ended: _____

HOUSEHOLD COMPOSITION (at beginning of contract):

of Adults _____ # of children _____ Is there welfare assistance? Yes No

HOUSEHOLD COMPOSITION (at contract end):

of Adults _____ # of children _____ Is the household 12 months free of welfare assistance? Yes No

If yes, certification from family in file (signed and dated): _____ If no, extension granted and date ends: _____

2. PARTICIPANT SUMMARY

Attach a memo which describes the following; head of household's education and employment status and earnings (annual or monthly wages) at the beginning of the contract. Describe the same information at the end of the contract. Certify that copies of the original documents which provide proof of education, suitable employment goals, etc. were met and contained in the FSS file folder. Describe why the participant has successfully completed all goals to achieve "suitable employment" as defined in your county's Action Plan. Also, certify that a "close out" interview was held with the participant at least ninety (90) days prior to the contract end date, and contract extension date, if applicable.

3. VERIFICATION OF CONTRACT COMPLETION

Close-out interview held: _____
 (Date)

A. CONTRACT EXTENSION INFORMATION (if applicable)

Received written request from participant for extension and date received: _____
 (Date)

Extension granted for "good cause" as defined in your county's Action Plan: Yes No

If yes, date extended to (up to two years) _____
 (date)

4. ESCROW INFORMATION

Was there escrow earned? Yes No

(If yes, attach Request to Release Escrow Form (LRA-FSS) (12/01) for approval.)

5. GRADUATION INFORMATION (Please check below all that apply).

_____ Family fulfilled all contract obligations before the contract term expired

_____ 30% of the monthly adjusted income equals or exceeds Fair Market Rate

_____ Head of household certifies in writing, that no member is receiving "cash assistance" from welfare and has been free from welfare assistance for the past twelve (12) months

_____ The job is considered " suitable" and meets the FSS program requirements as defined in the Action Plan

_____ The head of household has been employed at least full time for the past twelve months as defined in the Action Plan

_____ Has home ownership occurred? Yes No

If yes, with or without voucher assistance? With Without

If escrow release is required, a supervisor must sign off. Attach Request to Release Escrow (as per section 4).

6. PARTICIPANT FOLLOW UP

Suggestions from Participant/Follow-up to be scheduled? Yes No

If yes, please indicate follow up date. _____
(Date)

Submitted by: _____
(FSS Coordinator)

Approved by: _____
(Section 8 Local Administrator)

Please attach Summary Memo (as per Section 2)

FSS CASE CLOSE-OUT INSTRUCTIONS

This form must be used for all FSS Contracts which are scheduled to expire within one hundred and twenty (120) days. (This form may also be used to assist in closing out any contract extensions.)

1. The FSS Coordinator should schedule a personal interview with the FSS participant *at least* ninety (90) days prior to contract expiration date.
2. During the personal interview, the FSS participant should be advised of his/her right to request a contract extension (for up to two years) for "good cause." Also, be sure to provide a time-frame for receipt of the written request for the extension from the FSS participant.
3. During the personal interview, the FSS Coordinator should summarize or review any other pertinent goals with the FSS participant which may have been met or still needs attention.
4. The FSS Coordinator should prepare the Close-out Memo for FSS Participant for the Section 8 Manager's review and approval. In addition, if an escrow account has been established for the FSS Participant, **attach** this Close-out Memo to the Release FSS Escrow Funds form (LRA-FSS 12/01) for the *Section 8 Manager's review and approval*.
5. Submit the Request to Release FSS Escrow Funds form (along with a recent FSS Addendum to the US Department of Housing and Urban Development form HUD 50058 to the Statewide FSS Coordinator via fax or regular mail.