FAMILY SELF-SUFFICIENCY PROGRAM Application for Partial Withdrawal of FSS Escrow Account Funds

Revised February 3, 2017

An application for a partial/interim withdrawal 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 activities 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 partial withdrawal application.
- 3. The total amount of funds in the escrow account may not be withdrawn for an interim disbursement.
- 4. All interim escrow disbursements must be approved by the Self-Sufficiency Manager or his/her designee.

Procedures and Timeline

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

FSS Program
Columbus Metropolitan Housing Authority
880 East 11th Avenue
Columbus, OH 43211

- **Step 2. Application approval or denial.** You will receive a decision regarding approval or denial of the partial withdrawal request by mail within 14 calendar days.
- **Step 3. Payment timeline.** Payments for partial withdraws are processed twice a month. Requests must be date-stamped or postmarked by the FIRST of the month for payment mid-month, or the FIFTEENTH of the month for payment by the end of the month.
- **Step 4. Documentation of use of interim withdrawal funds.** A participant who receives a partial withdrawal of funds is required to provide the FSS Coordinator with documentation of payment to a vendor or service provider within 10 calendar days after the requested funds have been utilized by the participant.

Partial Withdrawal of Escrow Account Funds Application

Withdrawa	al Amount Requ	ested: \$			
-	e <u>ITSP goal</u> cate Check one):	gory that th	e payment will h	elp you to	
Education	Employment	Financial	Homeownershi	p Transportation	Other
·	ow you will use	the payme	<u>nt</u> to remove a b	arrier associated wit	:h
	ed is current do al-related activi		n (dated within t	he past 30 days) tha	t verifies my
Printed/Ty	ped Name of FS	S Participant	t		
Signature o	of FSS Participan	t	D	ate	
Address			Zi	p Code	
Phone Nun	nber				
Fa	ilure to complete	this applicat	tion in its entirety,	or to provide all requi	ested

documentation, will result in the application not being processed.

FSS Application for Partial Escrow Withdrawal

FOR OFFICE USE ONLY

Yes No Tenant is in good standing with CMHA. Family is working toward achieving FSS goal(s). Request for funds is consistent with FSS goal(s). Request Approved Request Denied FSS Coordinator Date	Client Name/Tenant ID #				
Family is working toward achieving FSS goal(s). Request for funds is consistent with FSS goal(s). Request Approved Request Denied	Yes No				
Request for funds is consistent with FSS goal(s). Request Approved Request Denied	Tenant is in good standing with CMHA.				
Request Approved Request Denied	Family is working toward achieving FSS goal(s).				
	Request for funds is consistent with FSS goal(s).				
FSS Coordinator Date	Request Approved Request Denied				
	FSS Coordinator	Date			
Self-Sufficiency Manager Dat	Self-Sufficiency Manager	Date			