

FAMILY SELF-SUFFICIENCY PROGRAM

Changing Lives One Key at a Time

The Family Self-Sufficiency (FSS) program is a self-paced program designed to assist participants working towards economic stability through education, EMPLOYMENT, and financial literacy.

We provide referrals to community partners for additional supportive services, and offer a unique savings opportunity for participants.

Why choose FSS?

- Work one-on-one with a coach to achieve set goals.
- Gain a better understanding of your personal strengths.
- Become empowered to live more self-sufficiently.

Who can participate?

Open to all families participating in:

- HCV (Section 8)
- Affordable Housing (PH)

What can YOU accomplish?

- Start or further your education.
- Begin a new career.
- Learn about homeownership.
- Improve your understanding of banking and budgeting.
- Gain confidence in skills and abilities.
- Save money for your future.
- The sky is the limit!

Springfield Housing Authority
200 North 11th Street
Springfield, IL 62703-1004
217-753-5757 Ext. 244
Email: SarahW@sha1.org

Ask how you can
save money by
paying your
rent!



INTERESTED?

Fill out the form on the back and we will contact you soon with more information!

SPRINGFIELD HOUSING AUTHORITY

Family Self-Sufficiency Programs Interest Form

Thank you for your interest in the Springfield Housing Authority Family Self-Sufficiency (FSS) Program. If you are a current Public Housing resident or a current Housing Choice Voucher program participant, please complete this form and return it to the Springfield Housing Authority, Director of Self-Sufficiency Programs.

Name: _____

Phone: _____

Address: _____

Email: _____

Employment Status:

Employed Where? _____ How long employed? _____

Unemployed How long unemployed? _____

Do you receive SSI or Social Security? Yes No

Does anyone in your household receive TANF? Yes No

Last grade in school completed: _____

If you did not complete high school, do you have a GED? Yes No

Are you currently attending any job-training or educational program? Yes No

If yes, what type? _____ Where? _____

What type of supportive services would be most beneficial to you?

Job Training

Start Own Business

Job Advancement

Homeownership Counseling

Education

Financial Literacy/Money Management

Child Care

Parenting Classes

Transportation

Other _____

What goals do you have set for yourself?

What are the barriers/obstacles you face in reaching your goals?
