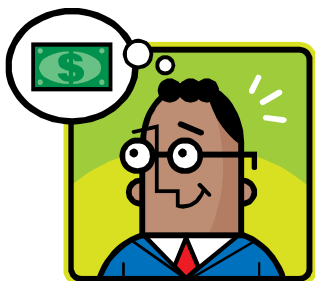


WHERE DO YOU WANT TO BE IN THE NEXT FIVE YEARS?



YOU HAVE THE POWER TO CHANGE YOUR LIFE



- **DO YOU NEED YOUR GED? COLLEGE DEGREE?**
- **DO YOU DESIRE TO HAVE A BETTER JOB OR CAREER?**
- **WOULD YOU LIKE TO LEARN A SKILL OR TRADE?**
- **HOW ABOUT ADDITIONAL MONEY TO REWARD YOUR HARD WORK AND EFFORT WHEN YOU OBTAIN YOUR GOALS?**

If you are currently receiving housing assistance through Arbor Housing and Development Section 8 Housing Choice Voucher Program, you can be part of the Family Self-Sufficiency Program.

Your participation is strictly voluntary. When you decide to participate, the FSS Coordinator will discuss with you your educational needs, career interests and plans to assist you in developing your goals.

Once your plan is completed, you are ready to sign the **FSS Contract of Participation**. You then have a five-year time frame in which to reach your goals.

When receiving governmental housing assistance, as your earned income increases, so will the amount of rent you owe. HUD will match the amount of the rent increase based upon earned income and place it into an interest bearing escrow account for you. Once your goals are complete...the escrow money is yours to do whatever you want.

If you are interested in being a participant, please contact:

Sharron Beckworth
Family Self-Sufficiency Coordinator
Arbor Housing and Development
607-654-7487 ext. 2015
sbeckworth@arbordevelopment.org

Interest Form

Date: _____

I would like further information on the following programs (Check all boxes that apply):

Family Self-Sufficiency (FSS) Program

For rental assistance recipients who wish to increase their earned income and become economically self-sufficient.

Assists in reaching long-term goals and building savings.

Section 8 Homeownership Program

For rental assistance recipients who have long-term goal of buying a home.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **E-mail Address:** _____

Current address/phone number if different:

Address: _____

City, State, Zip: _____

Phone Number: _____ **E-mail Address:** _____

For office use only:

Case worker initials: _____

Date completed: _____

Annual Recert: _____ **New Lease:** _____