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## **Online Resources**

- Additional resources and references for this course are available at <http://NMAreferences.com>. Click the Family Self-Sufficiency program link at the top of the web page to jump directly to the references you wish to access. No login information is required.

## **Learning Outcomes**

- At the completion of this seminar, you should be able to:
  - Recognize the basic steps and HUD requirements to implement an FSS program
  - Comply with HUD requirements for selecting FSS families and identify the optional policies
  - Recognize the regulatory differences in the rules between public housing and HCV FSS programs
  - Define the role and required membership of the Program Coordinating Committee, and consider ways to increase program resources through the committee
  - Evaluate your FSS Action Plan for HUD compliance and determine if revisions are needed
  - Describe the key responsibilities of the family and the PHA under the FSS contract
  - Correctly determine when an FSS contract is complete and when to approve a final escrow disbursement
  - Manually calculate the escrow credit on the escrow calculation worksheet for a variety of scenarios using NMA-provided case studies

- Describe the responsibilities of the initial and receiving PHAs as they relate to management of the FSS contract and the escrow account under the FSS portability rules
- Identify the characteristics of effective case managers
- Recognize and utilize needs assessment tools and methods to identify goals and barriers in developing Individual Training and Services Plans (ITSPs)

## **CHAPTER 1 FSS BASICS**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Provide a brief history of the family self-sufficiency (FSS) program, including the primary differences between FSS and the programs that came before it
  - Identify the basic steps involved in creating and maintaining the FSS program
  - Distinguish between required versus voluntary FSS programs
  - Recognize the required contents of the FSS Action Plan
  - Describe the functions, roles, and responsibilities of the FSS Program Coordinating Committee
  - Identify the various sources for funding to be considered in both FSS and public housing FSS programs
  - Define various FSS program staff roles, including the role of the case manager
  - Identify some of the resources FSS clients will need and recognize how to network to maximize such resources

**Learning Activity 1-1: Determining Program Size**

- Indicate the mandatory minimum program size for the PHA given the numbers accrued during the incentive years and mandatory accrual years, minus the number of successful completions.

1.

Mandatory slots as of May 24, 2018	130
Voluntary FSS slots added since 2018	75
Contracts completed since 2018	50

- What is the mandatory minimum program size?
- 
- 

2.

Mandatory slots as of May 24, 2018	245
Contracts completed since May 24, 2018	50
FSS dropouts since May 24, 2018	30

- What is the mandatory minimum program size?
- 
-

3.

Mandatory slots as of May 24, 2018	180
Voluntary FSS slots added since 2018	50
Contracts completed since 2018	20

- What is the mandatory minimum program size?
- 
-

**Learning Activity 1-2: Program Size Exceptions**

- Indicate the new mandatory minimum program size after exceptions have expired or been denied.

1.

Mandatory minimum program size as of May 24, 2018	80
HUD exception granted: June 1, 2013 new MMPS	30
Completions during exception period	10
Completions since 1998	50

Five years later, a new exception request was denied.

- What is the new mandatory minimum program size when the exception ends?
- 
- 

2.

Mandatory minimum program size as of May 24, 2018	50
HUD exception granted new MMPS	10
Completions during exception period	10

PHA does not reapply for exception

- What is the new mandatory minimum program size when the exception ends?
- 
-

### Learning Activity 1-3: FSS Basics Quiz

1. If supportive services are limited in the area of a PHA, the PHA may fund supportive services from their administrative fees.
  - a. True
  - b. False
2. Exceptions to the minimum program size requirements are permanent.
  - a. True
  - b. False
3. Action Plans are required for voluntary FSS programs.
  - a. True
  - b. False
4. PHAs operating a joint FSS program must still have separate, individual Action Plans.
  - a. True
  - b. False
5. Which of the following are required members of the Program Coordinating Committee (PCC)?
  - a. FSS program coordinator
  - b. A representative of the Welfare department
  - c. An employer
  - d. A resident or participant representative from each HUD rental assistance program served by the FSS program
  - e. A PHA representative
  - f. a, d, and e
6. A role of the PCC is to:
  - a. Make final decisions on how the program operates.
  - b. Assist in obtaining supportive services for families
  - c. Provide case management services for families
  - d. Select families for participation in FSS
7. Once a PHA's Action Plan has been approved by HUD, revisions to the plan can be made with board approval alone.
  - a. True
  - b. False
8. For which of the following could a PHA request an exemption for FSS or a reduction in the minimum program size?
  - a. Lack of supportive services
  - b. High unemployment rates in the area
  - c. Lack of interest by participants or residents
  - d. Poor public perception of families on the program
  - e. Both a and c

9. PHAs who operate both a public housing and HCV program must have a separate action plan for each program.
  - a. True
  - b. False
  
10. Neighboring PHAs may share a program coordinating committee.
  - a. True
  - b. False

## **CHAPTER 2      CONTRACT OF PARTICIPATION**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Explain how families are selected for participation in the FSS program
  - Recognize the basic requirements of the FSS Contract of Participation, including the contract term, extensions, and revisions to the contract
  - Describe the Individual Training and Services Plan (ITSP) and its requirements for program participants
  - Identify how the characteristics of the Contract of Participation figure into the contract planning process

Family Self-Sufficiency Program

Contract of Participation

**50058 GRAPHICS: HOUSEHOLD COMPOSITION**

- The picture below is taken from Section 3 of the HUD Form 50058 which is the “Household” section showing each household member and their relationship to the “head” of household. In the FSS program, the person whose name appears in the “3a Head of Household Member 01” may but is not required to be the person who is “head of household” for FSS purposes. The person who is “Head of the FSS Family” must sign the FSS Contract of Participation.

**3. Household**

3a. Head of Household Member number 01	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of bir
	3g. Sex	3h. Relation <b>H</b>	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4.	
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting cc sufficiency req
3a. Member number 02	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of bir
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4.	
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting cc sufficiency req
3a. Member number 03	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of bir
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4.	
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting cc sufficiency req
3a. Member number 04	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of bir
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4.	
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting cc sufficiency req
3a. Member number 05	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of bir
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ] 1. [ ] 2. [ ] 3. [ ] 4.	
	3n. Social Security Number			3p. Alien Registration Number		3q. Meeting cc





**Learning Activity 2-1: Order of Events**

- Number these events in the order in which they occur.

Number	Event
	Executes FSS Contract with PHA
	Moves into public housing or is admitted to the HCV Program
	Calculation of escrow credit
	Completes Individual Training and Services Plan with case manager
	Expresses an interest in FSS
	Case manager conducts needs assessment
	Submits application for housing
	Obtains employment

**CONTRACT EXECUTION DATES**

- Indicate the date on which the contract will be effective given the date of execution.
  - The contract is **effective** the 1st of the month following **execution**.

Contract executed:	Mar 15
Contract effective:	

Contract executed:	July 1
Contract effective:	

### **Learning Activity 2-2: Determining Completion of the FSS Contract**

Indicate in each of the following examples whether the contract has been successfully completed, and, subsequently, whether the family will be eligible to receive their escrow disbursement.

#### 1. Johnson Family

- After extensive consultation with their mental healthcare provider, the head of the FSS contract reports that they will need supportive services to be able to manage their mental health disability to the extent necessary to obtain employment. However, the area in which the family lives is remote, and no such supportive services are available. After receiving verification from the Mental Health professional that the services are essential or “integral” to the FSS participant’s advancement toward self-sufficiency, the PHA agrees that the head of the FSS family will need more services than are available in the community, and the contract of participation will be terminated. Both the family and the PHA agree to terminate the contract.

- Is their contract complete?
- 
- 

- There is an escrow balance in the account due to increased earnings of other family members during the lifespan of contract, as well as from brief periods where the head was able to be employed.

- Will the head of the FSS family receive the final escrow disbursement? Why?
- 
-

2. Hopkins family

- The PHA receives word from the family that the head of the FSS contract has been in an accident which has left them with a permanent disability. The family has already requested the addition of a live-in aid to assist the head. The head will no longer be able to continue work for the foreseeable future. The other family members are minor children.

- Is their contract complete?
- 
- 

- Since the head had worked prior to the accident, there is an escrow balance.

- Will they receive the final escrow disbursement?
- 
- 

3. Wright family

- After completing the ITSP goals of obtaining an associate degree and improving their credit rating by 100 points, the head informs the PHA that they need to move immediately to escape a domestic violence situation. They inform the PHA that their wish is to move back to their hometown of Pattisville, PA. The Pattisville HA informs the family and the PHA that they have no FSS program and will be absorbing the voucher. The head's current employer informs the family that they will not be able to continue working remotely, and so the head must quit the job.

- Is their contract complete?
- 
-

- Since the head has been working, there is an escrow balance.
    - Will they receive the final escrow disbursement?
- 
- 

4. Harris family

- The head of the FSS family informs the PHA that one of her children has become seriously ill. The treatments will be costly and the child will require around-the-clock care for the next year at least. The head requests a leave of absence from work, and the employer agrees to rehire her once the situation is stabilized, with the understanding that it will be a year or more.
    - Is their contract complete?
- 
- 

- Can they receive the final escrow disbursement?
- 
-

### Learning Activity 2-3: Family Selection Quiz

1. In a public housing FSS program, which families are eligible to participate in FSS?
  - a. Only families where the Head is employed or seeking employment
  - b. Families who are in the process of eligibility determination
  - c. Only public housing residents
  - d. Only families who the PHA believes are likely to become self-sufficient
2. PHAs may exclude families from participation if they do not want to attend college.
  - a. True
  - b. False
3. Which of the following is NOT considered acceptable motivational screening?
  - a. Achieving a passing grade on a skills assessment test
  - b. Attending a meeting with a case manager
  - c. Contacting a job training referral
  - d. Attending an orientation class
4. A PHA is permitted to target up to 50% of its FSS slots to families who are enrolled in or are on the waiting list for a vocational or jobs training program.
  - a. True
  - b. False
5. If a family interested in FSS is skipped due to the unavailability of supportive services, the PHA must offer the family a selection preference over other families when the services become available.
  - a. True
  - b. False
6. Which of the following is NOT grounds for denying a family participation in FSS?
  - a. The family owes money to the PHA
  - b. The Head of Household did not graduate high school
  - c. The Head of Household previously participated in FSS, but failed to complete the contract
  - d. The Head of Household will require supportive services that cannot be obtained currently
7. A PHA has adopted a local preference for applicants on the housing waiting list who are participating in, or on the waiting list for, a job training program or FSS related service program. Families who qualify for this preference must agree to sign up for FSS after they are admitted to the program.
  - a. True
  - b. False

8. HUD prohibits families who previously participated in FSS, and failed to complete the FSS contract, from participating in FSS a second time.
  - a. True
  - b. False
9. HUD requires that families with a debt to the PHA must repay the debt before they can participate in FSS.
  - a. True
  - b. False
10. The PHA may deny entry into the FSS program for withdrawing from the FSS program in the past.
  - a. True
  - b. False

## **CHAPTER 3      ESCROW CALCULATIONS**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Describe how the FSS escrow account works, including the importance of understanding income and rent calculations
  - Calculate baseline figures and explain how increases in earned income affect the Contract of Participation and escrow credit calculation
  - Calculate the escrow credit for a variety of case studies
  - Recognize the HUD requirements and PHA options governing FSS escrow account disbursements

### **Learning Activity 3-1: Escrow Calculation Worksheet Review**

- Instructor will review each line on the escrow calculation worksheet.
- Please take notes.

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

## **Learning Activity 3-2: Group Case Study Activity - Roberta Riley**

### **Family Composition**

Roberta Riley: 39-year-old Head of Household

Richard Riley: 17-year-old son, high school senior

Brenda Riley: 7-year-old daughter

### **At Contract Circumstances**

At the start of their FSS Contract of Participation (COP), the Rileys had been housing choice voucher program participants for 3 years. On the effective date of their COP, Roberta was receiving \$490.00 per month in TANF. Richard was employed at a fast food restaurant and worked 20 hours per week at \$8.00 per hour.

Allowance per dependent: \$480.00 per dependent

Low-income limit: \$31,600

Gross Rent from 12p: \$750

Payment Standard from 12j: \$800

### **Current Circumstances**

Six months later, Roberta reports that she has completed a computer data entry course, and she obtained a part-time job. Her salary is \$150.00 per week, and she will work year-round. 17-year-old Richard is still employed at the same rate. Roberta is still receiving TANF of \$490.00 per month.

- Use these figures to complete the escrow calculation worksheet and determine the amount of escrow credit.
- Follow the “Suggested Steps for Case Studies” in prior learning activity.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total
_____	X _____	= \$	\$	\$
_____	X _____	= \$	\$	\$
_____	X _____	= \$	\$	\$
_____	X _____	= \$	\$	\$
_____	X _____	= \$	\$	\$
_____	X _____	= \$	\$	\$
<b>A. Total Annual Income</b>		= \$	\$	\$

**Step 2. Calculate adjusted annual income**

	dependents	x 480	=total dependent allowance	\$	\$	\$
Childcare expense	\$ _____	x	= childcare allowance	\$	\$	\$
Allowable medical expenses (if applicable)				\$	\$	\$
Elderly/Disabled family allowance (if applicable)				\$	\$	\$
Allowable disability assistance expenses (if applicable)				\$	\$	\$
<b>B. Total allowances</b>				= \$	\$	\$
<b>C. Adjusted Annual Income</b>				= \$	\$	\$
(A-B=C)						

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$	\$	\$
30% of adjusted monthly income (Line C divided by 40)	\$	\$	\$
PHA minimum rent	\$	\$	\$
<b>D. TTP*</b>	= \$	\$	\$

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Learning Activity 3-2: Group Case Study**

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name	Roberta Riley	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$123	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$318	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$7,800	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$12,720	Copy from 50058 line 8y.
8. Low-Income Limit	\$31,600	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$750	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$800	Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent	\$195	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$7,800	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$195	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$195	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$627	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$195	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

### **Learning Activity 3-3: Individual Case Studies**

Complete as many case studies as you can in the time allotted. Check your answers against the completed worksheet.

**CASE STUDY #1, PART 1: MELINDA ROBERTS –  
DETERMINING “FAMILY RENT” AT CONTRACT EXECUTION**

**Family Composition**

Melinda: 43-year-old head of household  
Donald: 20-year-old son  
Cynthia: 10-year-old daughter

**At Contract Circumstances**

At the time Melinda volunteered for FSS she had been a participant in the HCV program for two years. At the time of FSS contract execution she was receiving \$350 per month in child support payments. Her son Donald was employed part-time at a courier service earning \$10.75 per hour working 20 hours per week.

**Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income limit: \$36,500  
PHA minimum rent: \$50  
Gross rent from 12p: \$800  
Payment Standard from 12j: \$950

**Current Circumstances (Escrow Calculation Information)**

Melinda completed vocational training eight months after the effective date of the FSS contract and was hired to work at a local manufacturing company. She reported that she will work full-time, 40 hours per week at a pay rate of \$12.75 per hour. She is still receiving \$350 in child support payments. She will also have to pay after school child care for her daughter at a rate of \$100 per week. Her son Donald is no longer employed and has no income.

**Assignment**

**Step 1:** Calculate Melinda’s baseline figures: 1) the amount of earned income and 2) the family rent on the effective date of the contract and enter them into the escrow calculation worksheet.

**Step 2:** Complete the escrow calculation worksheet based upon Melinda's current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		= \$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

	dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____	x	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)				\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)				\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)				\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>				= \$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>				= \$ _____	\$ _____	\$ _____
(A-B=C)						

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>		= \$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #1, Part 1: Melinda Roberts**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Melinda Roberts	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$373	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$11,180	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$626	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$26,520	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$25,040	Copy from 50058 line 8y.
8. Low-Income Limit	\$36,500	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$800	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$950	Copy from 12j HCV ONLY. If any other program, skip this line.

Calculation of Escrow		
A. Growth in Monthly Rent	\$253	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$15,340	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$383	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$253	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$427	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$253	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

## **CASE STUDY #1, PART 2: MELINDA ROBERTS**

### **Family Composition**

Melinda: 43-year-old head of household  
Donald: 20-year-old son  
Cynthia: 10-year-old daughter

### **Current Circumstances (Escrow Calculation Information)**

Melinda has reported that she has been promoted to an assistant manager. Her bi-weekly salary will be \$1,450. She is still receiving \$350 per month in child support payments. She is still paying \$100 per week for child care.

### **Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income Limit: \$36,500  
PHA minimum Rent: \$50  
Gross rent: \$800  
Payment standard: \$950

### **Assignment**

Complete the escrow calculation worksheet based upon Melinda's current circumstances

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)		At Contract Total	First Current Total	Second Current Total
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
_____	_____ x _____	=	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>			=	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

_____ dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____ x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)			\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)			\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)			\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>			=	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>			=	\$ _____	\$ _____
(A-B=C)					

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>	=	\$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #1, Part 2: Melinda Roberts**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Melinda Roberts	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$373	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$11,180	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$906	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$37,700	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$36,220	Copy from 50058 line 8y.
8. Low-Income Limit	\$36,500	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$800	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$950	Copy from 12j HCV ONLY. If any other program, skip this line.

Calculation of Escrow		
A. Growth in Monthly Rent	\$533	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$26,520	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$663	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$533	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$427	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$427	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

**CASE STUDY #2, PART 1: ANDREW ELLERBY –  
DETERMINING “FAMILY RENT” AT CONTRACT EXECUTION**

**Family Composition**

Andrew: 43-year-old head of household  
Roberta; 40-year-old spouse  
Priscilla; 9-year-old daughter  
Mark; 5-year-old son

**At Contract Circumstances**

At the time Andrew volunteered for FSS he had been a public housing resident for four years. When his FSS contract was executed his income was \$180 per week in unemployment compensation. Roberta was receiving \$760 per month in alimony income.

**Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income Limit: \$36,500  
PHA minimum rent: \$50

**Current Circumstances (Escrow Calculation Information)**

Andrew has just reported that his old company hired him back at a salary of \$450 per week and that his unemployment benefits were terminated. Roberta is still receiving \$760 per month in alimony.

**Assignment**

**Step 1:** Calculate Andrew's baseline figures: 1) the amount of earned income and 2) the family rent on the effective date of the contract and enter them into the escrow calculation worksheet.

**Step 2:** Complete the escrow calculation worksheet based upon Andrew’s current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		= \$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

	dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____	x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)				\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)				\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)				\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>				= \$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>				= \$ _____	\$ _____	\$ _____
(A-B=C)						

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>		= \$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #2, Part 1: Andrew Ellerby**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Andrew Ellerby	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$438	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$789	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$23,400	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$31,560	Copy from 50058 line 8y.
8. Low-Income Limit	\$36,500	80% Area Median Income
9. Which program is the family in?	PH	
10. Current Gross Rent (if Public Housing, skip)	N/A	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	N/A	Copy from 12j HCV ONLY. If any other program, skip this line.

Calculation of Escrow		
A. Growth in Monthly Rent	\$351	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$23,400	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$585	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$351	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	N/A	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$351	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

## **CASE STUDY #2, PART 2: ANDREW ELLERBY**

### **Family Composition**

Andrew: 43-year-old head of household  
Roberta: 40-year-old spouse  
Priscilla: 9-year-old daughter  
Mark: 5-year-old son

### **Current Circumstances (Escrow Calculation Information)**

Andrew has just reported a change in circumstances. He is still employed at his base salary of \$450 per week, but he is now scheduled to work 6 hours per week overtime at the rate of \$15.00 per hour. Roberta is still receiving \$760 per month in alimony.

### **Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income Limit: \$36,500

### **Assignment**

- Complete the escrow calculation worksheet based upon Andrew's current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
_____	_____ X _____ =	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		= \$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

_____ dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense \$ _____	x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)			\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)			\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)			\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>		=	\$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>		=	\$ _____	\$ _____	\$ _____
(A-B=C)					

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>	=	\$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

#### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #2, Part 2: Andrew Ellerby**

**Sample FSS Escrow Account Credit Worksheet**

	Enter Item	
1. Head of FSS Household Name	Andrew Ellerby	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$438	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$906	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$28,080	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$36,240	Copy from 50058 line 8y.
8. Low-Income Limit	\$36,500	80% Area Median Income
9. Which program is the family in?	PH	
10. Current Gross Rent (if Public Housing, skip)	N/A	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	N/A	Copy from 12j HCV ONLY. If any other program, skip this line.

**Calculation of Escrow**

A. Growth in Monthly Rent	\$468	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$28,080	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$702	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$468	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	N/A	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$468	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

**CASE STUDY #3, PART 1: CYNTHIA MARTINEZ –  
DETERMINING “FAMILY RENT” AT CONTRACT EXECUTION**

**Family Composition**

Cynthia: 30-year-old head of household  
Rose: 69-year-old grandmother (not a co-head)  
Ramon: 6-year-old son  
Jennifer: 5-year-old daughter  
Paul: 3-year-old son

**At Contract Circumstances**

Cynthia has been a participant in the HCV program for four years. When her contract was executed she was receiving \$380 per month in TANF benefits. Rose was receiving \$350 per month in social security benefits, and a monthly pension of \$390.

**Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income limit: \$38,760  
PHA minimum rent: \$25  
Gross rent from 12p: \$1,000  
Payment standard from 12j: \$1,050

**Current Circumstances (Escrow Calculation Information)**

Six months after the effective date of her FSS contract Cynthia was hired to work at a local bakery. She is working 32 hours per week at an hourly rate of \$10.50. Her TANF benefits have been terminated. Rose is still receiving \$350 in social security and a \$390 pension. Rose is providing childcare for the children at no cost to Cynthia.

**Assignment**

**Step 1:** Calculate Cynthia’s baseline figures: 1) the amount of earned income and 2) the family rent on the effective date of the contract and enter them into the escrow calculation worksheet.

**Step 2:** Complete the escrow calculation worksheet based upon Cynthia’s current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)		At Contract Total	First Current Total	Second Current Total
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		=	\$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

_____ dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____ x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)			\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)			\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)			\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>		=	\$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>		=	\$ _____	\$ _____	\$ _____
(A-B=C)					

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>	=	\$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #3, Part 1: Cynthia Martinez**

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name	Cynthia Martinez	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$300	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$623	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$17,472	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$24,912	Copy from 50058 line 8y.
8. Low-Income Limit	\$38,760	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$1,000	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$1,050	Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent	\$323	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$17,472	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$436	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$323	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$700	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$323	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

### **CASE STUDY #3, PART 2: CYNTHIA MARTINEZ**

#### **Family Composition**

Cynthia: 30-year-old head of household  
Rose: 69-year-old grandmother (not a co-head)  
Ramon: 6-year-old son  
Jennifer: 5-year-old daughter  
Paul: 3-year-old son

#### **Current Circumstances (Escrow Calculation Information)**

Cynthia just reported that she has been promoted to full-time employment status of 40 hours per week. She also received a raise and now earns 15.50 per hour. Rose is still receiving \$350 in social security and a \$390 pension, but she is having serious medical problems and can no longer provide childcare for Cynthia's children. Cynthia has found a neighbor who will provide the childcare for all three children at a rate of \$150 per week.

#### **Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income Limit: \$38,760  
Gross rent from 12p: \$1,035  
Payment standard from 12j: \$1,050

#### **Assignment**

Complete the escrow calculation worksheet based upon Cynthia's current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)	At Contract Total	First Current Total	Second Current Total
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
_____	X _____ =	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		= \$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

	dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____	x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)				\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)				\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)				\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>				= \$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>				= \$ _____	\$ _____	\$ _____
(A-B=C)						

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>		= \$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

#### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #3, Part 2: Cynthia Martinez**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Cynthia Martinez	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$300	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$797	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$32,240	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$31,880	Copy from 50058 line 8y.
8. Low-Income Limit	\$38,760	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$1,035	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$1,050	Copy from 12j HCV ONLY. If any other program, skip this line.

Calculation of Escrow		
A. Growth in Monthly Rent	\$497	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$32,240	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$806	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$497	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$735	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$497	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

**CASE STUDY #4, PART 1: WANDA WILSON –  
DETERMINING “FAMILY RENT” AT CONTRACT EXECUTION**

**Family Composition**

Wanda: 27-year-old head of household  
William: 9-year-old son  
Gwen: 7-year-old daughter  
Larry: 5-year-old son  
Lucinda: 3-year-old daughter  
Marcus: 1-year-old son

**At Contract Circumstances**

At the time of FSS contract execution Wanda had been a participant in the HCV program for two years. Her only income consisted of \$360 per month in TANF benefits.

**Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income limit: \$42,400  
PHA minimum rent: \$0  
Gross rent from 12p: \$675  
Payment standard from 12j: \$750

**Current Circumstances (Escrow Calculation Information)**

Wanda reports that she has accepted full-time employment at a local retail store. Her starting salary is 295.00 per week. Her TANF benefits have been terminated due to her employment.

**Assignment**

**Step 1:** Calculate Wanda’s baseline figures: 1) the amount of earned income and 2) the family rent on the effective date of the contract and enter them into the escrow calculation worksheet.

**Step 2:** Complete the escrow calculation worksheet based upon Wanda’s current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)		At Contract Total	First Current Total	Second Current Total
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		=	\$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

_____ dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____ x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)			\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)			\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)			\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>		=	\$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>		=	\$ _____	\$ _____	\$ _____
(A-B=C)					

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>	=	\$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #4, Part 1: Wanda Wilson**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Wanda Wilson	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$48	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$324	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$15,340	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$12,940	Copy from 50058 line 8y.
8. Low-Income Limit	\$42,400	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$675	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$750	Copy from 12j HCV ONLY. If any other program, skip this line.

Calculation of Escrow		
A. Growth in Monthly Rent	\$276	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$15,340	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$384	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$276	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$627	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$276	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

## **CASE STUDY #4, PART 2: WANDA WILSON**

### **Family Composition**

Wanda: 27-year-old head of household  
William: 9-year-old son  
Gwen: 7-year-old daughter  
Larry: 5-year-old son  
Lucinda: 3-year-old daughter  
Marcus: 1-year-old son

### **Current Circumstances (Escrow Calculation Information)**

Wanda has been transferred to a different department and is now earning 375 per week. She has also begun to receive child support payments of \$400 per month. She is now paying childcare totaling \$200 per week.

### **Additional Information**

Allowance per dependent: \$480 per dependent  
Low-income limit: \$42,400  
PHA minimum rent: \$0  
Gross rent from 12p: \$700  
Payment standard from 12j: \$750

### **Assignment**

Complete the escrow calculation worksheet based upon Wanda's current circumstances.

Family Self-Sufficiency Program

Escrow Calculations

**Step 1. Calculate annual income**

Identify Name and Income Type	Annualize Income (show calculation)		At Contract Total	First Current Total	Second Current Total
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
_____	X _____	=	\$ _____	\$ _____	\$ _____
<b>A. Total Annual Income</b>		=	\$ _____	\$ _____	\$ _____

**Step 2. Calculate adjusted annual income**

	dependents	x 480	=total dependent allowance	\$ _____	\$ _____	\$ _____
Childcare expense	\$ _____	x _____	= childcare allowance	\$ _____	\$ _____	\$ _____
Allowable medical expenses (if applicable)				\$ _____	\$ _____	\$ _____
Elderly/Disabled family allowance (if applicable)				\$ _____	\$ _____	\$ _____
Allowable disability assistance expenses (if applicable)				\$ _____	\$ _____	\$ _____
<b>B. Total allowances</b>			=	\$ _____	\$ _____	\$ _____
<b>C. Adjusted Annual Income</b>			=	\$ _____	\$ _____	\$ _____
(A-B=C)						

**Step 3. Calculate total tenant payment (TTP)**

10% of monthly income (Line A divided by 120)	\$ _____	\$ _____	\$ _____
30% of adjusted monthly income (Line C divided by 40)	\$ _____	\$ _____	\$ _____
PHA minimum rent	\$ _____	\$ _____	\$ _____
<b>D. TTP*</b>	=	\$ _____	\$ _____

\*30% MAI in HCV, TTP in Public Housing

### Sample FSS Escrow Account Credit Worksheet

	Enter Item	
1. Head of FSS Household Name		
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)		A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income		Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent		See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income		See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income		Copy from 50058 line 8y.
8. Low-Income Limit		80% Area Median Income
9. Which program is the family in?		
10. Current Gross Rent (if Public Housing, skip)		Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)		Copy from 12j HCV ONLY. If any other program, skip this line.

### Calculation of Escrow

A. Growth in Monthly Rent		Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income		Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth		30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit		Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount		The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?		If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit		HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

**Answers to Case Study #4, Part 2: Wanda Wilson**

Sample FSS Escrow Account Credit Worksheet		
	Enter Item	
1. Head of FSS Household Name	Wanda Wilson	
2. Date		
3. Baseline Monthly Rent (TTP or Flat/Ceiling Rent)	\$48	A. For families paying an income-based rent as of the effective date of the FSS Contract of Participation, enter their TTP as of that date from form HUD 50058 line 9j. B. For Public Housing families paying a flat rent, ceiling rent, or other non-income-based rent as of the effective date of the FSS Contract of Participation, enter that amount.
4. Baseline Annual Earned Income	\$0	Guidance on Baseline Annual Earned Income: Enter all amounts from incomes coded as B, F, HA, M, or W on the 50058. Also include earned income excluded based on an earned income disallowance associated with a self-sufficiency incentive.
5. Current Monthly Rent	\$288	See instructions for Row 3 (but apply current monthly rent instead of baseline).
6. Current Annual Earned Income	\$19,500	See instructions for Row 4 (but apply current annual earned income instead of baseline).
7. Adjusted Annual Income	\$11,500	Copy from 50058 line 8y.
8. Low-Income Limit	\$42,400	80% Area Median Income
9. Which program is the family in?	HCV	
10. Current Gross Rent (if Public Housing, skip)	\$700	Copy from 12p (HCV), 11n (PBV), or 13p (Mod Rehab) If PH, skip this line.
11. Applicable Payment Standard (HCV families ONLY)	\$750	Copy from 12j HCV ONLY. If any other program, skip this line.

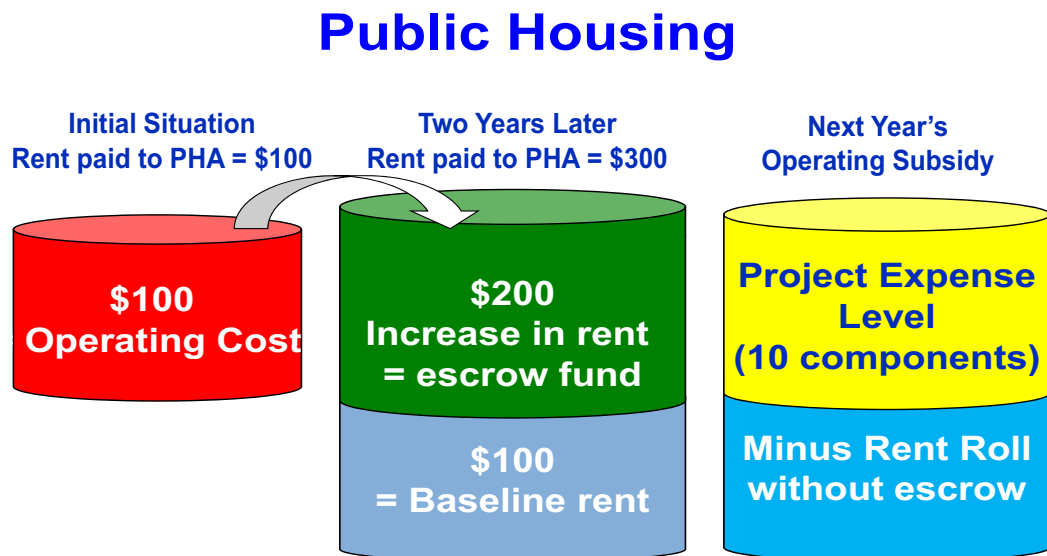
Calculation of Escrow		
A. Growth in Monthly Rent	\$240	Current Monthly Rent minus Baseline Monthly Rent (Box 5 minus Box 3)
B. Growth in Annual Earned Income	\$19,500	Current Annual Earned Income minus Baseline Annual Earned Income (Box 6 minus Box 4)
C. 30% of Monthly Earnings Growth	\$488	30% of growth in <i>monthly</i> earned income (Box B x .3, then divided by 12)
D. Preliminary FSS Escrow Credit	\$240	Lower of growth in monthly rent or 30% of monthly earnings growth (Lower of Box A or Box C)
E. Max Escrow Amount	\$652	The maximum escrow the family can qualify for: HCV: (Lower of Box 10 or Box 11. Then subtract Box 3) PBV: (Box 10 minus Box 3) PH: Skip this line.
F. Eligible for Credit?	Yes	If Box 7 is less than Box 8, the family qualifies for FSS escrow credit. If Box 7 is greater than or equal to Box 8, they do not.
G. Final FSS Escrow Credit	\$240	HCV/PBV/Mod Rehab: (Lower of Box D or Box E) PH: (Copy from Box D)

Developed from HUD Form 52652

NMA 9/2022

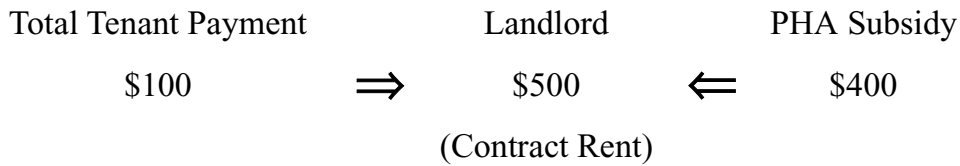
**WHAT FUNDS THE ESCROW ACCOUNT?**

- In the public housing program, the funds in the escrow account come from the rent paid by the tenant. If the tenant were not in the FSS program (and eligible for an escrow account under certain circumstances) their rent would be used to cover operating costs in the public housing program. Ultimately, this “loss” of operating costs is covered by HUD’s Operating Subsidy formula.

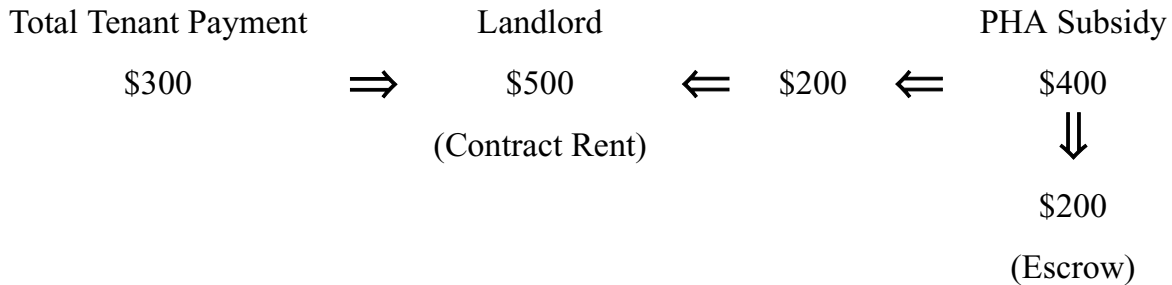


- In the voucher program, the funds in the escrow account come from the Housing Assistance Payments made to the PHA by HUD. If the tenant were not in the FSS program (and eligible for an escrow account under certain circumstances) the HAP would be used to cover the rent subsidy to the owner of their unit.

**INITIAL SITUATION: (No employment income)**

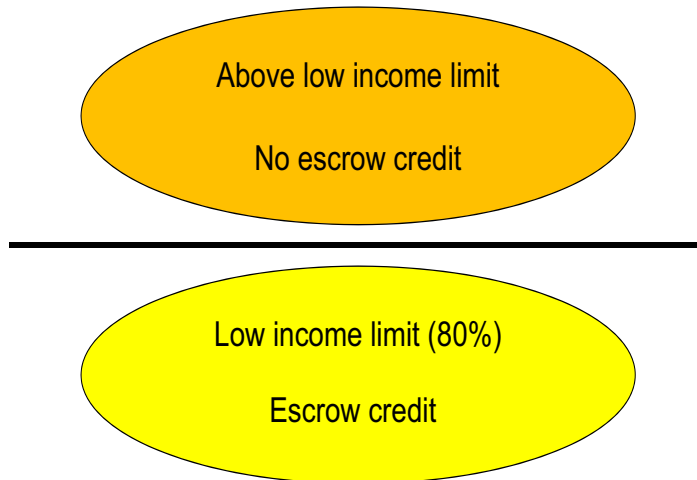


**TWO YEARS LATER: (Employment income increases TTP to \$300)**



### IMPACT OF INCOME LIMITS ON THE ESCROW CREDIT

- The income limit of the family affects the amount of the escrow credit. When determining the income limit of the family, the adjusted annual income is compared to the low-income limit (that is 80 percent of the Area Median Income). Always use the current income limit schedule when calculating the escrow credit.
- Families whose “adjusted annual income” is above the low-income limit will NOT receive an escrow credit.



**Learning Activity 3-4: Escrow Account Quiz**

1. In an HCV FSS program, forfeited escrow funds can be used for which of the following:
  - a. Housing assistance payments
  - b. Administrative staff salaries
  - c. FSS Participant's costs in achieving obligations in the ITSP
2. When the adjusted annual income of a participating FSS family exceeds the low-income (80 percent of Area Median Income) limit, escrow credits stop.
  - a. True
  - b. False
3. If stated in the Action Plan, a PHA may restrict the family's use of the final escrow disbursement.
  - a. True
  - b. False
4. Martha X is the FSS head with an escrow balance of \$2,100. The fair market rent for her family unit size was \$500. Her adjusted monthly income is \$90. Then her 22 year old daughter obtained employment and her family's adjusted monthly income increased to \$1,190. No family members have ever received welfare assistance. The PHA must:
  - a. Disburse the escrow balance of \$2,100
  - b. Continue making escrow credits and wait until the FSS contract is completed to disburse the escrow balance
  - c. Terminate the FSS contract and disburse the escrow balance at the end of the contract term
5. An increase in the amount of child support will increase the amount of the escrow credit.
  - a. True
  - b. False
6. If the PHA and the family agree that a service which is integral to an FSS family's advancement toward self-sufficiency is no longer available, what actions must the PHA take?
  - a. Termination of the family's FSS participation
  - b. Forfeiture of escrow balance
  - c. Disbursement of the escrow to the family
  - d. Both a and c
7. If a family receives an interim disbursement to assist with school tuition, but later drops out of school, the interim disbursement must be repaid by the family.
  - a. True
  - b. False
8. An HCV family is entering into an FSS Contract. Thirty percent of their adjusted monthly income is \$6, ten percent of their monthly income is \$18, the PHA's minimum rent is \$50. Therefore, their TTP is \$50. What "baseline monthly rent" will you enter into the contract?
  - a. \$50
  - b. \$6
  - c. \$18
  - d. None of the above

9. An adult member of an HCV FSS family becomes employed. The family does not report the new earnings for 6 months. PHA policy requires that all increases in income be reported within ten days. If the family repays the amount owed to the PHA, the PHA may **not** credit the escrow account retroactively.
- a. True
  - b. False
10. If a PHA has an FSS policy allowing interim disbursements from the escrow account, that PHA may not limit how interim disbursements are spent.
- a. True
  - b. False

Notes

## **CHAPTER 4      PORTABILITY**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Identify the specific portability rules that apply to FSS families
  - Describe the circumstances in which an FSS family can exercise portability and remain in the initial PHA's FSS program
  - Describe the responsibilities of the initial and receiving PHAs relating to the FSS contract and the escrow account
  - Describe how the FSS escrow account is treated when an HCV FSS family relocates to another PHA's jurisdiction

### Learning Activity 4-1: Portability Quiz

1. An FSS family moves under portability and participates in the receiving PHA's FSS program. The receiving PHA is administering the voucher. Which PHA maintains the escrow account?
  - a. The Initial PHA
  - b. The Receiving PHA
  - c. The PHA that monitors the FSS Contract always maintains the escrow account
2. Which of the following statements is NOT true about FSS portability?
  - a. A PHA's Action Plan may offer a selection preference for incoming portable FSS families
  - b. If an RHA permits a portable FSS family to participate in its FSS program, they will enter a new contract with the family for the term remaining on the contract with the initial housing authority
  - c. Any escrow accrued before the port is forfeited when the family ports
  - d. PHAs are not required to accept portable FSS families into their FSS program
3. If an FSS participant with an escrow balance moves under portability and the RHA absorbs the voucher and accepts the family into the RHA's FSS program, the initial PHA must transfer the escrow balance to the RHA.
  - a. True
  - b. False
4. FSS families can move under portability:
  - a. After twelve months from the effective date of the FSS contract
  - b. Anytime they want if they are in good program standing
  - c. Only after completing their FSS contract
  - d. Only if they have obtained employment in the new location
5. If an FSS family moves and is accepted into the RHA's FSS program, the "baseline family rent" entered in the RHA's FSS contract is based upon the family's income at the current time.
  - a. True
  - b. False

## **CHAPTER 5      FSS PROGRAM EVALUATION**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Identify the essentials of FSS program evaluation, including recognition of key issues in the FSS narrative report and 50058 FSS addendum
  - Explain how FSS program performance figures into the Section 8 Management Assessment Program (SEMAP) for PHAs running HCV FSS programs
  - Describe the new composite scoring methodology for FSS performance measurement
  - Describe how HUD has evaluated the FSS program more broadly in the past and what these evaluations have revealed

Notes

## **CHAPTER 6      CASE MANAGEMENT**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - List the characteristics of effective FSS case managers, including knowledge, skills, and abilities
  - Define the general duties, tasks, and roles of the case manager
  - Describe some of the key case management activities in the FSS program, both prior to and after execution of the Contract of Participation
  - Explain the three main stages of the helping interview

### **SAMPLE INDIVIDUAL TRAINING AND SERVICES PLAN**

- Here is a sample of an ITSP. Note that each of the goals/tasks is specific with predetermined completion dates. Also note that some tasks involve the case manager as well as the participant.

# Family Self-Sufficiency Program Individual Training and Services Plan

Attachment \_\_\_\_\_

Name of Participant <b>Jane Doe</b>	Social Security Number <b>555-55-0505</b>
--	--

**Final Goal**

To obtain full-time employment as a licensed practical nurse

Interim Goal Number 1

To obtain a General Equivalency Diploma

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
-Contact Educational Resource Center to research locations and schedules for obtaining GED	Jane	1-5-14
-Review options with FSS case manager and select program	Jane and Resource Center Mentor	1-7-14
-Register in GED program	Jane	1-15-14
-Attend classes and complete learning assignments	Jane	2-1-14 Ongoing
-Complete GED classes and pass equivalency examination	Jane	5-1-14

**Comments**

Target date for completion could be revised based on feedback from education resource mentor.

**Signatures:**

<p><b>Family</b></p> <p>_____</p> <p>(Participant)</p> <p>_____</p> <p>(Date Signed)</p>	<p><b>Housing Agency</b></p> <p>_____</p> <p>(Signature of HA Representative)</p> <p>_____</p> <p>(Date Signed)</p>
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# Family Self-Sufficiency Program Individual Training and Services Plan

Attachment \_\_\_\_\_

Name of Participant Jane Doe	Social Security Number 555-55-0505
---------------------------------	---------------------------------------

Interim Goal Number 2

To obtain low-cost, high-quality, child care for my children ages 3 and 8

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
-Contact Child Care Resource Center to research child care, child development, and child education options	Jane and FSS Case Manager Child Care Resource Center	1-1-14
-Attend Child Care Resource Center "Choosing Child Care Provider" training	Jane and FSS Case Manager	1-10-14
-Make a list of what I want in good child care	Jane	1-11-14
-Ask Child Care Resource Center to provide contact information of parents using different options: child care, child development, and child education	Jane	1-12-14
-Contact parents using different options (child care, child development, and child education) and perform information gathering phone interview	Jane	1-15-14
-Visit one of each: child care, child development, and child education to do information gathering	Jane	1-17-14
-Discuss options with Country Health and Human Services to get their approval for cost reimbursement for out-of-pocket child care costs	Jane and Case Manager	1-25-14
-Arrange back-up child care with sister in case children are sick	Jane	2-1-14
-Choose and register with child development service	Jane	2-1-14
-Report out-of-pocket child care costs to housing specialist for consideration in rent calculation	Jane	2-1-14

Comments

# Family Self-Sufficiency Program Individual Training and Services Plan

Attachment \_\_\_\_\_

Name of Participant <b>Jane Doe</b>	Social Security Number <b>555-55-0505</b>
--	--

Interim Goal Number 3

Pass LPN certification examination and obtain LPN license

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
-Identify and contact potential mentors and secure commitment from potential mentors	Jane and FSS Case Manager Career Center Coach	2-1-14
-Research NAPNE (Nat'l Assoc. of Practical Nurse Education) website and determine availability of local training programs	Jane and FSS Case Manager	2-15-14
-Review local LPN training programs and decide on best three votech or community college options	Jane and Career Center Coach	2-20-14
-Contact Board of Licensing and determine if programs are approved for state licensure	Jane and Case Manager	2-25-14
-Determine availability of tuition assistance programs and grants and prerequisite requirements	Jane and Career Center Coach	3-15-14
-Submit grant applications for tuition assistance/grants and make school selection	Jane and Career Center Coach	4-1-14
-Complete enrollment process and begin classes	Jane	6-1-14
-Complete courses	Jane	6-1-16
-Register for LPN licensing exam	Jane	7-1-16

Comments

**Family Self-Sufficiency Program  
Individual Training and Services Plan**

Attachment \_\_\_\_\_

Name of Participant <b>Jane Doe</b>	Social Security Number <b>555-55-0505</b>
--	--

Interim Goal Number 4

To obtain employment as LPN

Date Accomplished \_\_\_\_\_

Activities/Services	Responsible Parties	Date/s
-Write resume	Jane and FSS Case Manager	8-1-16
-Attend job interview skills workshop	Jane	8-15-16
-Identify job opportunities through internet, newspapers, career center, and local hospitals	Jane and Career Counselor	8-20-16
-Make list and contact all local hospitals and medical facilities directly	Jane	8-25-16
-Submit applications and resumes to all local medical facilities	Jane	9-1-16
-Contact personnel managers of local hospital and medical facilities and schedule job interviews	Jane	9-15-14
-Complete weekly jobs-search report and submit to case manager	Jane	Ongoing

Comments

Notes

## **CHAPTER 7      AVENUES TO ACHIEVING SELF SUFFICIENCY**

### **LEARNING OUTCOMES**

- Upon completion of this chapter, you should be able to:
  - Describe the role of the private sector in helping families to achieve self-sufficiency
  - Identify various client, community, and agency factors affecting success in the FSS program, recognizing what can be done to improve success in each case
  - Recognize key requirements for the FSS homeownership option, including family eligibility, homeownership counseling, general issues surrounding the family finding a home, and monthly homeownership assistance payments

## **MARKETING MATRIX**

- Services and resources needed for families in the FSS program can come from either the public or private sector. An aggressive, proactive FSS marketing strategy and plan will be a benefit to the PHA. This Marketing Matrix will help the PHA and its partners to “capture” the results of a marketing planning session and develop a marketing plan.
- Instructions:
  - Meet with a small focus group of staff, participants, and community members familiar with FSS and similar efforts. Together, brainstorm every possible resource that is needed in the FSS program. The Marketing Matrix has some examples but don't limit the brainstorming to these! Place each of the “brainstormed” resources in one of the boxes in the left-hand column of the Matrix. For each of these resources answer in detail the questions in the columns to the right of the resource. Be careful to keep all answers in line with the appropriate resource. The resulting Marketing Matrix can then be used to complete a detailed marketing program.
- Directions:
  - By filling out each column for each category, this marketing matrix is to assist the PHA in developing ideas on how to market its FSS program. The left-hand column indicates what the PHA is trying to obtain and/or who the PHA is reaching out to. The top row indicates what/who the PHA is trying to target and sell the program to.

What resources do we need...	Where we can find them...	What do they want...	What methods will we use...	What content... When...Where...
Clients				
Money				
PCC Members				

What resources do we need	Where we can find them..	What do they want..	What methods will we use...	What content... When... Where...
Clients				
Mentors				
Jobs				

## FSS QUIZ

1. A program coordinating committee (PCC) is not mandatory for all HCV and public housing FSS programs.
  - a. True
  - b. False
2. Either an HCV tenant based voucher participant or other HCV participant must be on the program coordinating committee in an HCV FSS program.
  - a. True
  - b. False
3. Discretionary FSS policies must be in the FSS action plan for both public housing and Section 8 FSS programs.
  - a. True
  - b. False
4. An FSS Action Plan is not required if the PHA's FSS Program is voluntary.
  - a. True
  - b. False
5. HCV FSS programs can fund the cost of supportive services from:
  - a. HAP Funds
  - b. Admin Fees
  - c. Non-FSS funding within the fund's "eligible activities"
  - d. Operating Fund
6. HUD approval is not required for revisions to the FSS Action Plan.
  - a. True
  - b. False
7. If an FSS family who has not completed its contract obligations at the end of the contract term withdraws from the FSS program, the PHA's mandatory minimum program size is reduced by one slot.
  - a. True
  - b. False
8. If a family previously participated and failed to complete their obligations under the FSS contract, a PHA must deny the family participation in FSS.
  - a. True
  - b. False
9. A PHA may deny participation in FSS if a service is not available that is essential for completion of the contract.
  - a. True
  - b. False
10. Exceptions to the mandatory minimum program size of an FSS program will expire in:
  - a. 2 years
  - b. 3 years
  - c. 5 years
  - d. Exceptions do not expire
11. The Program Coordinating Committee (PCC) helps monitor client progress on their individual training and services plans. (ITSP).
  - a. True
  - b. False

12. FSS coordinators may execute an FSS contract with a family who is on the housing waiting list.
  - a. True
  - b. False
13. The family member designated as the FSS head of household must be the same person designated as the head for rent calculation purposes.
  - a. True
  - b. False
14. PHAs may establish a policy to target up to \_\_\_\_\_ of their FSS slots to families currently enrolled or on the waiting list for an FSS-related service or training program.
  - a. 50%
  - b. 75%
  - c. 100%
15. A PHA may use job history for motivational screening.
  - a. True
  - b. False
  - b. False
16. The FSS contract must be signed by all family members with an individual training and services plan.
  - a. True
  - b. False
17. The term of an FSS contract may be extended to eight years if the PHA adopts this policy in their Action Plan.
  - a. True
  - b. False
18. A PHA may extend the FSS Contract if the head of house needs to build more escrow for a down payment on a house.
  - a. True
  - b. False
19. If other non-head of household adults have an ITSP they do NOT need to get employment in order for the head of household to complete the contract.
  - a. True
  - b. False
20. The PHA may modify the contract of participation to change the head of household on the contract and to extend the term of the contract up to seven years.
  - a. True
  - b. False
21. If the PHA extends the FSS contract of participation past five years, escrow credits stop accruing during the extension period.
  - a. True
  - b. False
22. The PHA may extend the contract of participation when:
  - a. The head has suffered a serious illness
  - b. The family needs the extension in order to meet the requirement of being welfare
  - c. Involuntary loss of employment
  - d. All of the above

23. The effective date of the FSS contract of participation is:
- The day it is executed
  - The first of the month after the contract is signed
  - The first of the month after the last rent calculation became effective
  - None of the above
24. Emily is a public housing resident who is signing up for FSS. 30% of her adjusted monthly income is \$55; 10% of her monthly income is \$100; the PHA minimum rent is \$50. What would you enter as the baseline “family rent” into the FSS contract?
- \$55
  - \$100
  - \$50
25. What would you enter for the family rent if Emily was an HCV participant?
- \$55
  - \$100
  - \$50
26. The PHA is operating an FSS program with a coordinator grant obtained in 2020. At the time of execution of the FSS contract October 15, 2022, the effective date of Susie’s last recertification was October 1. The effective date of the FSS contract is November 1. Which statement below is true?
- An interim reexamination is needed before executing the FSS contract
  - No interim reexamination is required before executing the FSS contract
  - An interim is only needed if it will change the baseline figures
27. If PHA policy allows for it, the family may take an interim disbursement from the escrow account under certain circumstances.
- True
  - False
28. Making a good faith effort to provide all supportive services needed by the family is one of the responsibilities of the PHA under an FSS contract.
- True
  - False
29. It is up to PHA policy whether adult family members other than the FSS head may have their own individual training and services plans.
- True
  - False

30. The PHA must terminate the FSS contract and the escrow balance must be forfeited if the FSS head of the family leaves the household before the contract expires.
- a. True
  - b. False
31. The requirements for “seeking” and “suitable” employment are defined by HUD in the contract of participation.
- a. True
  - b. False
32. Ms. Parker is on FSS. 30% of her adjusted monthly income now equals or exceeds the FMR for the unit size for which the family qualifies and all family members are free of welfare. The family has completed their FSS CoP and is eligible for distribution of the escrow.
- a. True
  - b. False
33. The PHA is required to report to each family on their escrow account quarterly.
- a. True
  - b. False
34. PHAs must credit the escrow account at least annually.
- a. True
  - b. False
35. Upon final disbursement of the escrow account, PHAs are not required to submit an IRS form 1099.
- a. True
  - b. False
36. The PHA may not establish policies restricting the final distribution from the escrow account.
- a. True
  - b. False
37. If the family is welfare-free at the contract expiration date, but has not met its other FSS obligations, the family is not eligible for the final escrow disbursement.
- a. True
  - b. False
38. The escrow must be forfeited if the FSS head has completed the contract but no longer resides with the family.
- a. True
  - b. False
39. The PHA may terminate the FSS contract if the family fails to comply with their lease.
- a. True
  - b. False
40. The PHA may not evict a public housing FSS family for failure to comply with its FSS obligations.
- a. True
  - b. False
41. If an HCV FSS family fails to comply with its FSS obligations, the PHA may only terminate the FSS Contract, not their HCV participation.
- a. True
  - b. False

42. HUD requires that the head of household be employed for six consecutive months before the FSS contract can be considered complete.
- a. True
  - b. False
43. The PHA may continue to provide supportive services to former FSS families who have successfully completed their contract.
- a. True
  - b. False
44. PHAs cannot fund an escrow account from the HAP account for a non-FSS economic self-sufficiency program.
- a. True
  - b. False
45. Multigenerational families (e.g., grandmother, mother, and child in same household) must still satisfy the welfare-free requirement for completion of the FSS contract.
- a. True
  - b. False
46. Escrow credits would automatically stop if a family's annual income exceeds the very low-income limit (50% of the area median income).
- a. True
  - b. False
47. During the term of an FSS contract, escrow credits stop if the family rent falls below the family rent on the effective date of the contract of participation.
- a. True
  - b. False
48. For purposes of contract completion, welfare assistance does not include:
- a. Cash payments such as TANF to meet the family's ongoing needs
  - b. Energy assistance payments
  - c. Food stamps
  - d. Both b and c
49. When determining if the family is a low-income family for purposes of escrow calculation, the adjusted annual income is compared to the income limit.
- a. True
  - b. False
50. Any increase in income will trigger an increase in the escrow credit.
- a. True
  - b. False
51. Since unemployment is paid out for work done in the past, unemployment is considered earned income.
- a. True
  - b. False

52. If the FSS head adds an adult to the family who is employed, the earned income of the new person is considered in the calculation of the escrow credit.
- True
  - False
53. In an HCV FSS program, the funds that credit escrow accounts come from:
- Administrative fees
  - The Housing Assistance Payments account
  - Operating reserves
  - Additional subsidies provided by HUD for FSS programs
54. If a family fails to report an increase in income (as required by the PHA) and then repays the money to the PHA, the PHA may not credit the escrow account retroactively.
- True
  - False
55. Which of the following income types will increase escrow credit?
- Earnings of a spouse
  - Unemployment
  - Military Pay (excluding hostile fire pay)
  - All of the Above
  - Both a and c
56. After the initial increase in earned income after the effective date of the FSS contract, the escrow credit must be calculated:
- Only at annual reexaminations
  - At least semi-annually
  - At every interim or annual reexamination
  - Only when submitting the FSS addendum action code (8)
57. What determines the effective date of escrow credits for increases in earned income?
- PHA Policy
  - Federal Law
  - HUD regulations
  - PIH Notices
58. If a family owes money to the PHA at the time of FSS contract completion:
- The family must be terminated
  - The PHA will reduce the escrow balance by the amount owed to the PHA
  - The family cannot graduate until it pays it back
  - The family will get the full escrow, but will lose the interest earned.
59. The PHA may require the family to repay interim disbursements from the escrow account if the family obtained them fraudulently.
- True
  - False

60. Under portability, if a receiving PHA administers the voucher and accepts the family into its FSS program, the escrow account would be maintained by:
- The initial PHA
  - The receiving PHA
61. If a receiving PHA accepts a portable FSS family into its FSS program, the receiving PHA executes a new contract that will be valid for an additional five years.
- True
  - False
62. FSS families are able to move under portability after twelve months from the effective date of the FSS contract.
- True
  - False
63. Provided that it is stipulated in the action plan, PHAs can restrict portability moves for FSS families until after they have completed their FSS contract.
- True
  - False
64. If a family moves under portability and cannot demonstrate that they can complete their FSS contract in the new location, the PHA is required to terminate their voucher assistance for failure to complete the contract.
- True
  - False
65. An FSS family has not completed its contract and chooses to exercise portability. The receiving PHA does not have an FSS program, and the family cannot continue in the initial PHA's FSS program. In this case, any escrow balance would be forfeited.
- True
  - False
66. When a receiving PHA accepts a portable FSS family into its FSS program, it must conduct an interim reexamination in order to determine the baseline figures to enter into the new contract.
- True
  - False
67. If a receiving PHA accepts a portable FSS family into its FSS program, the expiration date of the new contract might be a different expiration date from the initial PHA's contract.
- True
  - False
68. If an FSS family moves under portability and later drops out of FSS, the escrow reverts to the PHA that was maintaining the escrow account.
- True
  - False
69. The FSS indicator under SEMAP measures The amount of funds in each family's escrow account.
- True
  - False

Family Self-Sufficiency Program

FSS Quiz

70. When does the PHA submit the 50058 addendum?
- a. Only entry
  - b. Entry and Exit
  - c. Entry, exit, and whenever there is a change
71. If a PHA's HCV FSS program is completely voluntary, the FSS component of SEMAP is not rated.
- a. True
  - b. False
72. Voluntary FSS programs are required to have a HUD-approved FSS Action Plan.
- a. True
  - b. False
73. PHAs who have a mandatory HCV FSS program and a voluntary public housing FSS program cannot count their public housing FSS families in meeting their mandatory program size for HCV.
- a. True
  - b. False
74. At the time the FSS contract is executed, which of the following is needed?
- a. The baseline family rent
  - b. The fair market rent
  - c. The utility allowance
  - d. The amount of baseline earned income
  - e. All of the above
  - f. Both a and d
75. Nonpayment of rent may be grounds for termination of the FSS contract, which could result in forfeiture of the escrow account.
- a. True
  - b. False
76. PHAs are required to give interim disbursements from the escrow account.
- a. True
  - b. False
77. When a PHA converts public housing under RAD, the PHA is not required to provide the FSS program to families who are already enrolled in FSS at the time of conversion.
- a. True
  - b. False
78. Number these events in the order in which they occur:
- \_\_\_\_\_ Interim withdrawal from escrow account
  - \_\_\_\_\_ Needs assessment
  - \_\_\_\_\_ FSS head accomplishes first interim goal
  - \_\_\_\_\_ Effective date of initial lease
  - \_\_\_\_\_ Effective date of FSS contract

**ANSWERS TO  
FSS QUIZ**

**Answers**

1. b	20. a	40. a	59. a
2. a	21. b	41. a	60. a
3. a	22. d	42. b	61. b
4. b	23. b	43. a	62. a
5. c	24. b	44. a	63. b
6. b	25. a	45. a	64. b
7. b	26. b	46. b	65. b
8. b	27. a	47. a	66. b
9. a	28. a	48. d	67. b
10. c	29. b	49. a	68. a
11. b	30. b	50. b	69. b
12. b	31. b	51. b	70. c
13. b	32. b	52. a	71. a
14. a	33. b	53. b	72. a
15. b	34. b	54. a	73. b
16. b	35. a	55. e	74. f
17. b	36. a	56. c	75. a
18. b	37. a	57. a	76. b
19. a	38. b	58. b	77. b
	39. a		78. 5, 2, 4, 1, 3

Notes

## **TRAINING ACTION PLAN**

The measure of a successful seminar is determined by what happens *after* the seminar. Successful training is not just the acquisition of knowledge; it is the *application* of the knowledge. This Action Plan will help you to stay focused as you apply your skills and knowledge to contribute to the overall success of your housing agency. It is designed to help you *and* your PHA to derive the maximum benefit from this training opportunity. It contains four parts:

## **PERSONAL “TO-DO” LIST**

During the seminar you may hear ideas and suggestions intended to improve your competency and performance. Your instructor may recommend that you read a HUD Notice or a Regulation, or that you review certain course materials or case studies. You may learn of a more efficient way to organize a work function or to complete a task. As you become aware of individual items that you want to accomplish when you return to your Agency, record them on your “TO-DO” LIST, so that you do not forget them. Your personal development and success is our goal. Do this for *you*.

## **HOUSING PROGRAM “TO-DO” LIST**

During the seminar there will be much discussion of HUD regulations pertaining to the topic of this course. Your instructor will show you how to use your NMA workbook as a reference tool to research regulations and HUD guidance so that you can apply them properly. You will also hear how other agencies perform the same functions that you do, but in a very different way. Your housing program “TO-DO” list is designed for you to make notes of things you may want to check when you get back to your agency. Jot them down and make a note of any reference pages in your workbook that apply.

**ADMINISTRATIVE POLICY  
REVIEW CHECKLIST**

As the HUD regulations and program guidelines are discussed, your instructor will point out areas where PHAs have discretion to develop policies and may suggest that you check yours. Make note of these on your ADMINISTRATIVE POLICY REVIEW CHECKLIST. You may also learn of areas in which policy *should* be developed.

**IDEA DESIGN WORKSHEET**

As the result of this training, if you identify an area in your program operation in which you want to make constructive recommendations to a Supervisor or to Management, this form will help you to organize your ideas. It is important that you present your ideas in a positive, professional way, explain the benefits of your idea, and provide the appropriate HUD reference, if applicable.







**IDEA DESIGN WORKSHEET**

<b>IDEA</b>
<b>CURRENT POLICY, PROCEDURE OR PRACTICE</b>
<b>BENEFIT(S) OF THIS RECOMMENDATION</b>
<b>STEPS NECESSARY TO IMPLEMENT</b>
<b>APPLICABLE HUD REFERENCE(S)</b>

## IMPROVING TEST-TAKING SKILLS

Below are some pointers that may assist you in minimizing the pressure many test-takers place on themselves during testing.

### **1. Only ONE answer is correct for each question**

Marking two answers to the same question on the Scantron answer sheets will be scored as a wrong answer.

### **2. Answer one question at a time**

You can only answer one question at a time. Don't be overwhelmed by the total number of questions on the test. Isolate each question as you read and answer it. If possible, cover the questions above and below the one you are working on.

### **3. Work through the questions at a steady pace**

When you read a question and have absolutely no idea what the answer is, make a check mark next to it in the test booklet and move on. Don't waste a lot of time pondering over questions you can't answer; go back to them after you have finished the test. Often, another question later on in the test will trigger the answer to the one you thought you didn't know.

### **4. Identify the core topic**

Sometimes when reading multiple-choice test questions, test takers get hung up in the words. Try to find the core topic of the question, isolate it, and ask yourself questions that trigger what you know about the topic.

For example, let's take a question that pertains to income limits. Here are questions to ask yourself that may help identify the correct answer.

- Does this question pertain to applicants or participants? (because the rules are different)
- Does this question pertain to families entering the program or families moving/transferring to another unit?
- What is this question trying to see if I know?

**5. Identify key words and phrases**

When you read a true/false question, remember that if *any part* of the question is false, the *whole statement* is false. Ask yourself, “Does this statement stand on its own as totally true?” If you find yourself thinking, “Well, it would be true if...”– it’s probably false.

Also use this method to evaluate the multiple choice answer options– if *any part* of an answer is wrong, then it is the *wrong* answer.

**6. Turn a multiple-choice question into true or false questions**

If you cannot quickly identify the correct answer, you can usually eliminate one or two incorrect answers. After you have done this, take each of the remaining answers, add it to the end of the multiple choice question and see if it is a true or false statement.

**7. When you review, focus on the tough questions**

When they finish a test, some test-takers go back and review every question– and sometimes they begin to doubt their answers. When they start to second-guess themselves, they often change answers that were correct. If you make a check mark next to the questions in your test booklet that you are not sure of, you can quickly identify the tough ones and use your time to review them.

**8. Answer all the questions, even if you have to guess at some**

If, after going through the whole exam, there are still questions that have you stumped, first rule out the obviously wrong answer(s), then make your best guess at which of the remaining options is the right answer. Even a blind guess improves your chances of scoring a point.

**9. Visually inspect your answer sheet before you turn it in to the instructor**

Look for incidental or unintentional pencil marks and erase them. If you changed an answer, make sure that the pencil mark for the first answer is completely erased.

**10. Make sure that you did not inadvertently skip a question, or skip a line on the Scantron answer sheet. This would cause all of the following answers to be incorrect.**

Before turning in your Scantron sheet, review it to make sure that the number of lines filled in matches the number of questions on the test, and that no lines are blank.