

**Family Self-Sufficiency (FSS)
Program Coordinator Funding**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Number: 2577-0178
Expiration Date: 01/31/2029

Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 984. Information provided is to determine the of the applicant to receive funding. Privacy Act Statement. "This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a. The authority for collecting personally identifiable information (PII) in the Regulatory Consistency Communication Board (RCCB) Electronic Feedback Form is based in Section 313 of Public Law 112-95," to be included on all forms, prior to being submitted for OMB approval. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

- 1. Are you a Public Housing Agency (PHA) or Multifamily Owner (MF)?** PHA ____ MF ____

Multifamily Owner is the legal entity that owns a Project-Based Rental Assistance (PBRA) Property.

NOTE: Multifamily Owner does NOT include Management Agents or General / Limited Partners.

- 2. Are you applying as a Renewal Applicant or New Applicant?** Renewal ____ New ____

Renewal Applicant: If you are currently or were funded in at least one of the TWO years before now.

New Applicant: If you were last funded THREE or more years ago, or were never funded before.

- 3. If you are a Renewal Applicant, number of Total Positions requested (All New Applicants = 1) ____**

3b. Is this MORE than the number of Renewal Positions you were LAST funded for? No ____ Yes ____

3c. If YES, the number of Additional Positions requested (ONLY if eligible and NOT guaranteed)? ____

- 4. Please list YOUR information as the Lead Applicant on Line 1.**

On Lines 2–10+, please identify ALL Joint Applicants (PHA & MF) that you will serve.

#	PHA or MF?	PHA or MF Owner Name	Unique Entity Identifier (UEI)	PHA # or MF Contract #	PHA Main or MF Property Zip Code	MF Property Name (PHA leave blank)
1						
2						
3						
4						
5						
6						
7						
8						
9						

Please use #5 below for additional entries.

- 5. Please use this space to enter any additional information requested in the FSS Funding Notice.**

NOTE: The FSS Notice supplements this set of instructions. Please read the FSS Notice carefully to ensure that you are following all instructions in completing this form.