

**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: 04/30/2025

Public reporting burden for this collection of information is estimated to average 1.5 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 (MF) Owner? PHA MF
2. Your PHA Name or MF Owner Name _____
3. Your PHA # (for example: DE079) or MF Contract # _____
4. Do you have Joint Applicants (PHA) or multiple Multifamily Properties (MF)? Y N
5. Please identify your Joint Applicants (PHA) or Multifamily (MF) Properties below:

#	PHA/ MF Owner Name	PHA # / MF Property ID		MF Property Name	# current FSS Participants (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
Total	—	—		—	

For additional Joint Applicants (PHA) or Multifamily Properties (MF), please use the space in #9 below.

6. Do you have an FSS Action Plan approved by your local HUD field office? Yes No
7. How long have you run your FSS program? _____ (years)
8. How many FSS graduations did you have in the previous calendar year? _____
9. Use this space to enter any additional information required by the NOFO: _____

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