

# Family Self-Sufficiency Monthly Report/Change Form

RETAIN A COPY FOR YOUR RECORDS

Head of Household name: \_\_\_\_\_ Date: \_\_\_\_ Phone: \_\_\_\_\_

**1. What Goals are you working on? Is there anything holding you back? Are there any services you believe would be beneficial?**

\_\_\_\_\_  
\_\_\_\_\_

**2. Have you completed any steps toward your goals? If so, please attach verification.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Would you like an appointment? \_\_\_\_\_**

If yes, when is a good time for you? \_\_\_\_\_

**4. Have you attended an FSS panel meeting? \_\_\_\_ If so, when? \_\_\_\_**

Reminder: you must attend at least one for graduation.

**5. Have there been any household changes? *Y or N* Check all that apply and attach verification.**

Student status \_\_\_\_\_

New income \_\_\_\_\_ Start date \_\_\_\_\_

Assets \_\_\_\_\_

Expenses \_\_\_\_\_

Household composition \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

Terminated income \_\_\_\_\_ Indicate below

**6. Are you currently employed? Have you changed jobs? Have you lost employment? If yes, provide the following for all household members:**

Name of employee: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hours/week: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_  
Pay schedule: (weekly, bi-weekly, semi-monthly, monthly)  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Name of employee: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hours/week: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_  
Pay schedule: (weekly, bi-weekly, semi-monthly, monthly)  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**You must provide 2 most recent wage stubs or verification of change. (letter from employer regarding job end or hours/rate of pay/pay schedule)**

**CONTINUED ON NEXT PAGE**

7. Have you used Job Service or other agency to find employment? \_\_\_\_\_

8. Is anyone in your household receiving the following?

TANF: \_\_\_\_\_

Medicaid: \_\_\_\_\_

SNAP: \_\_\_\_\_

General Assistance: \_\_\_\_\_

9. Would you be interested in a referral for any of the following resources:

Budgeting \_\_\_\_\_

HISET/GED \_\_\_\_\_

Savings \_\_\_\_\_

Career Planning \_\_\_\_\_

Credit building \_\_\_\_\_

Parenting classes \_\_\_\_\_

Resume writing \_\_\_\_\_

Clothing for employment \_\_\_\_\_

Daycare assistance \_\_\_\_\_

Open computer lab hours \_\_\_\_\_

Other education \_\_\_\_\_

If there is something you need not listed please call or list here \_\_\_\_\_

10. Are you:

- Enrolled to begin college or other adult education program? \_\_\_\_\_
- Attending college or other Adult Education Program? \_\_\_\_\_
  - If so, what is your expected graduation date? \_\_\_\_\_
- How many years of school has the head of household completed to date? \_\_\_\_\_

**As a program participant, monthly reporting is a requirement of your contract. Failure to complete and return this form at least once per month may result in your termination from the FSS program and loss of any monies accrued.**

Return this form to:  
Housing Authority of Billings  
2415 1<sup>st</sup> Avenue North  
Billings, MT 59101  
Phone: 406-237-1915 Fax: 406-237-1955  
Email: shaunak@billingsha.org

I certify that the information provided above is **true** to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

\_\_\_\_\_  
Please print name of person reporting change

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date