

**FAMILY SELF SUFFICIENCY PROGRAM
INDIVIDUAL TRAINING AND SERVICES PLAN**

Attachment _____

NAME OF PARTICIPANT:

SOCIAL SECURITY NUMBER: XXX-XX-

INTERIM GOAL:

The participant will complete home ownership preparation activities.

DATE ACCOMPLISHED _____.

ACTIVITIES/SERVICES	RESPONSIBLE PARTIES	DATE/S
Obtain a credit rating report.	Participant	within 2 months
Maintain all current debt No late payments	Participant	ongoing
Complete homebuyer education/ Counseling	Participant	within 6 months of being ready to a purchase a home

COMMENTS:

This goal is designed to enable the participant to acquire debt for appropriate use in order to achieve the final goal of this contract and to improve the quality of life for the participant, leading possible to home ownership. Needs assessment may indicate that the participant receive more intensive intervention, i.e. budget counseling, savings club, workshops, or payee services. When appropriate, the FSS Coordinator will make referrals.

SIGNATURES:

FAMILY

HOUSING AGENCY

(Participant)

(Signature of HA Representative)

(Date signed)

(Date signed)