



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

## WORKFORCE DEVELOPMENT PROGRAM

### Family Self-Sufficiency (FSS) Enrollment Application

Reno Housing Authority's Workforce Development (WFD) facilitates HUD's Family Self-Sufficiency (FSS) program. FSS is a 5-year program that provides a pathway to financial independence, career readiness and homeownership among Housing Choice Voucher and Public Housing residents.

WFD's mission is to strengthen family foundations, build generational wealth, and teach fundamental skills to promote independence.

#### *Key Program Components:*

**Individual Training and Services Plan (ITSP):** As an FSS participant, you'll have the support of a WFD Coordinator to establish a goal plan (also known as an ITSP) that will help map out your journey to success while in the 5-year program. Your goal plan will include two goals, required by HUD, to meet at the time of graduation:

- Seek and maintain suitable employment
- Family is free of cash welfare assistance (TANF)

**Quarterly Appointments & Annual Assessments:** As an FSS participant, you'll touch base with your WFD Coordinator every 3-months and once during an Annual Assessment to discuss various updates including goal progress, obstacles, your escrow balance, your rent credit opportunities, and any changes to your ITSP.

**Escrow Account:** As an FSS participant, you'll also establish a savings! Here's how it works: As your earned income increases from further education and new employment, your rent will increase, and RHA will match that increase each month in an escrow account for you! There is no limit to the amount you can escrow!! Once you complete your goals, you can cash out and use that money to reach even bigger goals - like buying a home!

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

**Program Incentives:** Workforce Development loves to celebrate your progress. If you stay on track with your goals, you'll qualify for rent or escrow credits – to further encourage your success! As a participant, you'll also unlock access to WFD's Hardship Committee, that considers financial assistance to remove unexpected obstacles. *We're here to support you!*

Your path to success can start NOW! Fill out the attached application and return to [workforcedevelopment@renoHA.org](mailto:workforcedevelopment@renoHA.org).

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

## 1. Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you Head of Household?  Yes  No

If not, Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have a computer or laptop at home?  Yes  No

Do you have internet access at home?  Yes  No

Please select which Reno Housing Authority program you are a part of:

Housing Choice Voucher (previously known as Section 8)

Public Housing

Not Sure

What language do you speak at home: \_\_\_\_\_

What is your current credit score (put N/A if you don't know): \_\_\_\_\_

---

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

## 2. Education, Training, and Employment

What's your highest level of education? \_\_\_\_\_

Do you have your high school diploma or GED?  Yes  No

Do you have any additional education or training?  Yes  No

Additional Education/Training/Certifications	Completion Date (n/a if not completed)

Current employment status of Head of Household?

Full-time (32+hours or more per week)

Part-time

Not employed

*If currently employed:*

Date current employment began: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

What benefits do you currently have through your employer:

Health

Other: \_\_\_\_\_

Retirement account

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

If WFD applicant is different from Head of Household on your housing lease, what's the WFD applicant's employment status?

Full-time (32+hours or more per week)

Part-time

Not employed

*If currently employed:*

Date current employment began: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Health

Retirement account

Other: \_\_\_\_\_

Are any others in your household currently employed (other than Head of Household)?

No

Yes

If yes, please provide the information below:

Name of employed household member: \_\_\_\_\_

Full-time (32+hours or more per week)

Part-time

Date current employment began: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Current earned income: \_\_\_\_\_

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

### 3. Current Assistance

Please select all the following assistance currently received by your household:

- TANF Income Assistance
- General Assistance
- Food Stamps
- Medicaid/Children's Health Insurance Program
- Earned Income Tax Credit
- Childcare Subsidy/Assistance

Number of children receiving childcare services: \_\_\_\_\_

### 4. Needed Support

Please check the areas of support you're interested in receiving:

- Education/training (Please specify below)
  - GED
  - High School
  - Post-Secondary
  - Vocational/Job Training
- Job retention
- Transportation and/or driver's license
- Health services
- Alcohol and/or other drug abuse prevention services
- Mentoring
- Homeownership
- Individual Development Account (IDA)
- Childcare
- Emotional health/counseling
- Parenting support

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

- |   |  |
|---|--|
| <input type="checkbox"/> Physical health/medical needs                  | <input type="checkbox"/> Phone, computer, or internet resources              |
| <input type="checkbox"/> Professional attire                            |  |
| <input type="checkbox"/> Basic needs (hygiene products, food, clothing) | <input type="checkbox"/> Financial wellness skills (budgeting, credit, debt) |

**5. Open Response Questions:**

Please respond to each of the following questions in your own words.

If you could have any dream career in the world, what would you choose and why?

Do you have any experience in your dream career?

What would you need to make your dream a reality?

What is important to you in life?

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

What are your strengths?

What areas of your life could use improvement?

What obstacles are keeping you from your goals?

Why do you want to join the Workforce Development Program?

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*





**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

6. **Workforce Development Agreements:** Thank you for showing interest in the WFD program - We are so excited to work with you! Please read and check each box if you agree to the responsibilities you'll have while participating in the WFD program:

I understand all information on this document is confidential and will be used to develop my personal goal plan in Traditional FSS.

I understand if I am not responsive to my WFD Coordinator's quarterly requests for meetings, it may result in the termination of my Traditional FSS Contract of Participation.

I understand I must be seeking, or make plans to seek, education or employment while in the Traditional FSS program.

I understand the accrual of escrow is based on the increased earned income of all applicable household members.

I understand I have the option to graduate from Traditional FSS before my Contract of Participation expiration date and cash out my escrow account early if I've met all the goals outlined on my ITSP.

I understand if I do not meet all program requirements and goals by the FSS Contract of Participation expiration date, the accrued escrow in my account may be forfeited.

I understand I have the option to request a (2) year contract extension in writing, if good cause for the extension can be identified.

I understand if I successfully complete the Traditional FSS program and obtain escrow funds from the Reno Housing Authority, I will not be permitted to participate in the Traditional FSS program a second time and I cannot apply for housing assistance for (2) years from the date my housing assistance was relinquished (if applicable).

I understand if my housing assistance is terminated for any reason, I will automatically be removed from the Traditional FSS program, and my escrow funds will be forfeited.

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**

775.786.1712 Fax 385.770.7166 TDD

**775.329.3630 RenoHA.org**

---

I certify the answers given herein are true and complete to the best of my knowledge. I understand false or misleading information given in the program may result in the termination of my Traditional FSS Contract of Participation.

By checking this box and printing your full name below, you are agreeing to the terms of RHA's Workforce Development Program.

\_\_\_\_\_  
WFD Applicant Full Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WFD Coordinator Full Name/Signature

\_\_\_\_\_  
Date

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512  
775.786.1712 Fax 385.770.7166 TDD  
775.329.3630 RenoHA.org

---

## Workforce Development Program FSS Head of Household Designation Form

All adult members of the household (18+ years old) must review and sign this form.

By signing below, you acknowledge the following:

1. The head of household (HOH) for the workforce development program (WFD) is designated through this form and is not required to be the designated head of household for the housing choice voucher (HCV) or public housing (PH) program.
2. The head of household for the workforce development program will be the household member entitled to any escrow money disbursed at the successful completion of the contract. The HOH for the housing choice voucher or public housing program is **not** entitled to any amount of the escrow money.

The designated workforce development head of household is:

\_\_\_\_\_ Client #: \_\_\_\_\_

HCV/PH HOH Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WFD HOH Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

## WORKFORCE DEVELOPMENT PROGRAM Release of Information

I, \_\_\_\_\_, give my permission for my Workforce Development Coordinator to communicate (verbally or written) with any supportive services agency, as it relates to my self-sufficiency while in the Workforce Development Program. This release will remain effective until my participation in Traditional FSS has come to an end, or when I request the termination of this release in writing to my Workforce Development Coordinator.

By checking this box and printing your full name below, you are agreeing to the terms of Workforce Development's Release of Information.

\_\_\_\_\_  
FSS Applicant Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
WFD Coordinator Signature

\_\_\_\_\_  
Date

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
 775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

**Youth Photo & Video Release**

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

I, THE UNDERSIGNED PARENT OR GUARDIAN, do hereby release the photographer and the Housing Authority of the City of Reno from any and all liabilities and/or infringements by having a photograph taken of me, my son(s), or my daughter(s) and/or appropriately used by the photographer and/or the Housing Authority of the City of Reno or its partner agencies.

I also grant the Housing Authority permission to publish my/my child's photograph and/or video in the RHA calendar and/or any other RHA publications, post it online and/or in RHA social media. I understand partner agencies may also publish this/these image(s). This will waive any rights afforded under the Privacy Act with respect to the foregoing. The photo or video may be utilized in any public or private manner and may be altered to fit a particular use.

I waive the right to inspect or approve any finished product in which my child's/children's likeness appears. I understand I will not receive monetary compensation for the use of his/her/their likeness, that this authorization is indefinite and ongoing, and that the photograph(s) will become property of the Housing Authority of the City of Reno.

By checking this box and printing your full name below, you are agreeing to the terms of RHA's Youth Photo & Video Release.

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*



**Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512**  
775.786.1712 Fax 385.770.7166 TDD  
**775.329.3630 RenoHA.org**

---

## Nixle Notifications

The Reno Housing Authority's Resident Services department uses Nixle to contact residents through email and text message. Nixle will allow staff to send newsletters, updates, and event flyers to you via email and/or text.

Please provide the phone number and/or email address you would like to use for the above notifications:

- Cell Phone Number (including area code):

---

- Email Address:

---

By signing your full name below, you are agreeing to the terms of the Reno Housing Authority's Nixle notifications.

---

RHA Resident Full Name (Printed)

---

RHA Resident Signature

Date

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*