



# Fresh Start Enrichment Program (FSEP) Enrollment Form

## Head of Household Information

Full name:	_____	Date:	_____
	<i>Last                      First                      M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address                      Apt/Unit #</i>		
	_____	Email:	_____
	<i>City                      State                      Zip Code</i>		
Date of Birth:	_____	Race:	_____
		Marital Status:	_____
Employed? If yes, please list name of employer and date of employment	_____		

Are you a graduate of the traditional Family Self- Sufficiency (FSS) program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you enrolled into the Homeownership Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to purchase a home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to repair your credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Education

What is your highest level of education?

- Junior High School
- High School
- High School Equivalency (HSE) or (GED)
- Some College
- Associate degree or higher, please list degree if completed \_\_\_\_\_

**Please review goal-based incentive payouts based on goals completed. You are required to complete at least 3 personal goals with the final goal of suitable employment.**

Category	Pay Point	Eligibility	Amount	Maximum Amount
<b>Education &amp; Training</b>	Completion of training/Certification program (skilled trade, real estate license, cosmetology license, etc.)	One-time disbursement at time of completion	\$500	\$500
	Completion of HSE	One-time disbursement at time of completion	\$400	\$400
	Completion of Associates Degree	One-time disbursement at time of completion	\$500	\$500
	Completion of Bachelor's degree	One-time disbursement at time of completion	\$1,000	\$1,000
	Completion of Master's degree or Doctorate Degree	One-time disbursement at time of completion	\$1,500	\$1,500
<b>Employment</b>	Obtain new employment	One-time disbursement after maintaining employment for 90 days	\$100	\$100
	Employment retention for 12 consecutive months	Annually	\$200	\$1,200
	Removed from food stamps, or childcare assistance due to increased earnings from wages or started paying into healthcare benefits or Medicaid	One-time disbursement after six consecutive months	\$300	\$300
<b>Engagement</b>	Completion of annual FSEP progress meeting	Annually after FSEP progress meeting is complete	\$100	\$600
	Attend 12 FWHA Financial Literacy Program Meetings	12x; disbursed upon completion of all 12 meetings	\$100	\$1,200

<b>Financial Stability</b>	Open and maintain a new checking or savings account (12 consecutive months: no negative ending balance more than twice per year)	One time	\$500	\$500
	Improve credit score (by 50 points or more)	Annually	\$500	\$3,000
	Increase and maintain personal savings by either a) making a \$25 per month deposit or; b) showing a \$300 increase to savings for a six (6) month period (verifiable over a 12- month period)	One-time disbursement in second year of FSEP program	\$1,000	\$1,000
	Increase earned income	Annually	\$100	\$600
<b>Housing &amp; Homeownership</b>	Engage in homeownership preparation activities, such as pre-homeownership counseling, homebuying education and finance classes.	2x; disbursement in second year of FSEP program	\$250	\$500
	Purchase a home	One time; upon purchase of home, but prior to FSEP graduation	\$5,000	\$5,000
<b>Personal</b>	Completion of three (3) personal goals established at admission & progress meeting.	3x; disbursed once at completion of all three goals	\$100	\$300
<b>Graduation</b>	Gained suitable employment or achieved a degree or certificate and free of TANF assistance; purchased a home; or received a minimum of five (5) bonus incentives listed above (may include up to 3 personal goal achievements)	One-time	\$1,000	\$1,000
			<b>Maximum Earnings</b>	<b>\$18,200</b>

## Goals

Please list 3-5 goals you wish to complete on the Fresh Start Enrichment Program

Goal #1	_____	Relationship:	_____
Goal #2	_____	Phone:	_____
Goal#3	_____	Email:	_____
Goal #4	_____	Relationship:	_____
Goal #5	_____	Phone:	_____
Goal #6	_____	Email:	_____

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I submit this application to begin the enrollment process into the Fresh Start Enrichment Program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_