

Warren Metropolitan Housing Authority  
Family Self-Sufficiency Program

Application for Full Withdrawal

Funds from the escrow account may be disbursed under the following conditions:

1. When the family completes the FSS Contract of Participation (including being free of welfare assistance for the last 12 months).
- OR
2. Whenever 30% of the family's monthly adjusted income equals or exceeds the FMR for the size of the unit for which the family qualifies, and when no family member receives welfare assistance.

I, \_\_\_\_\_, agree to the following conditions for the withdrawal of funds from the FSS escrow account:

1. Verification of welfare free status. Welfare includes cash assistance. Please sign the *Release of Information* that will be sent to the Department of Human Services for verification.
2. Money owed to WMHA will be deducted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City State Zip

For Office Use Only

\_\_\_\_\_ Family has successfully completed the FSS Contract of Completion.

\_\_\_\_\_ Family has verified free of welfare assistance status.

\_\_\_\_\_ Review for amounts owed to WMHA completed.

Program: PH HCV

Make checks payable to: \_\_\_\_\_

Amount in escrow (including interest) \$ \_\_\_\_\_

Amount owed to WMHA \$ \_\_\_\_\_

Amount of withdrawal \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_