

Warren Metropolitan Housing Authority  
Family Self-Sufficiency Program

Application for Partial Withdrawal

Partial withdrawals may be made for purposes consistent with the goals of your FSS Contract of Participation if any interim goals have been met. Before applying, please check all other possibilities of funding (Dept. of Human Services, WIA, ect.).

1. I have completed the following specific goals on my FSS Contract of Participation:

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2. I request a withdrawal of \$ \_\_\_\_\_ from my FSS Escrow Account to be approved for: *(please attached required documents to support request.)*

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3. Explain how this will help you complete your goals.

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*Payment will be made to a pre-approved third party.*

\_\_\_\_\_  
Name of third party

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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For Office Use Only  
Amount in escrow \$ \_\_\_\_\_

Program: PH HCV  
75% of escrow \$ \_\_\_\_\_

Amount approved \$ \_\_\_\_\_

Approved by \_\_\_\_\_