

Thanks for your interest in the Compass FSS Program! This quick application is the first step to making sure the program is a great fit for you. It does not obligate you to participate. **Questions? Call or text 617-665-7433.**

For Housing Providers: Please scan and email the completed application to info@joinfss.org or enter this information online directly at www.joinfss.org to submit referral to Compass.

Full Name

Current Address

Street and Apartment

City

State

Zip Code

What phone numbers can we use to reach you?

Cell Phone

Home Phone

Is it okay if we contact you by text message?

(for example, we may communicate upcoming appointments by text)

Yes

No

Email Address

Who is your housing provider?

This refers to who you pay your rent to. If you do not live in subsidized housing, select "No Housing Provider"

Boston Housing Authority

POAH - Preservation of Affordable Housing

Cambridge Housing Authority

Related

The Caleb Group

WinnCompanies

I do not receive financial assistance for housing *(Financial assistance can include section 8 vouchers, mobile housing vouchers, or if your rent is based on your income).*

Other - please include the name of the property where you live.

What is your date of birth?

MM/DD/YYYY

What categories describe you? (Check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Some other race, ethnicity, or origin | |

Please specify the other race, ethnicity or origin

What is your gender?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> I prefer to self describe: |
- _____

What is your current marital status?

- | | |
|--|---|
| <input type="checkbox"/> Single, never married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> I prefer not to answer |

Are you a US military veteran or member of the US armed forces or reserves?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I prefer not to answer |
|------------------------------|-----------------------------|---|

How many adults 18 years and older are in your household, including yourself?

How many children under the age of 18 do you have living in your household?

Number of children

Ages

Are you in the process of having your rent re-calculated?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you a head of household or other adult member of the household on your lease with housing?

Any one household member can be the primary FSS participant for the household

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Other adult member of household | <input type="checkbox"/> Neither |
|--|--|----------------------------------|

Do you have income from work, or do you expect to have income from work in the next 5 years?

Yes

No

If no -- Does anyone else in your household have income from work, or expect to have income from work in the next 5 years?

Yes

No

What is the HIGHEST level of education you have received?

If you are currently enrolled in a program, please select your highest level of education other than where you are currently enrolled.

I never attended school

Vocational/Trade School Diploma or Certificate

Grade K-5

Some College

Grade 6-8

Associate's Degree

Grade 9-11

Bachelor's Degree

Highschool diploma or GED

Some Graduate School

Some Vocational/Trade School

Graduate Degree

What language do you prefer to receive communication in?

Compass will try to provide information in the language you select.

English

French

Spanish

Haitian Creole

Arabic

Portugese

Cape Verde Creole

Vietnamese

Chinese (Cantonese or Mandarin)

Other _____

Do you have any accessibility needs that you would like us to know about?

This question is optional, and we only ask to deliver better services to you. Some examples are need for an interpreter in your language, physical needs that could impact where/how we meet with you, or learning needs that could impact your understanding of financial content.

What is your most important savings goal? Please select one goal.

- | | |
|---|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Purchasing a home |
| <input type="checkbox"/> College for child(ren) | <input type="checkbox"/> Starting or growing a business |
| <input type="checkbox"/> Emergencies/rainy day | <input type="checkbox"/> Improve my credit |
| <input type="checkbox"/> My own education | <input type="checkbox"/> Reduce debt |
| <input type="checkbox"/> Car | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General savings | |

Have you previously participated in an FSS Program?

- | | |
|---|--|
| <input type="checkbox"/> I have never enrolled in an FSS program | <input type="checkbox"/> Yes, and I graduated |
| <input type="checkbox"/> Yes, I am currently enrolled in an FSS program | <input type="checkbox"/> Yes, but I did not graduate |

If yes, How much did you escrow in savings while in the FSS program?

_____ *If you don't remember, write "I don't remember"*

If you did not graduate, what prevented you from graduating?

How did you hear about Compass?

- | | |
|--|---|
| <input type="checkbox"/> Postcard from Compass | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Flyer in my rent recertification packet | <input type="checkbox"/> Email |
| <input type="checkbox"/> Brochure or flyer posted where I live | <input type="checkbox"/> Someone I know |
| <input type="checkbox"/> Housing staff where I live | <input type="checkbox"/> Other _____ |

Do you feel comfortable learning more about the FSS program and filling out enrollment documents online?

- | |
|---|
| <input type="checkbox"/> Yes, I would like to use the self-service enrollment website to enroll on my own time. |
| <input type="checkbox"/> No, I would prefer to schedule a time to attend an info session by phone or zoom. |

By submitting this application, I give Compass permission to verify my eligibility with my housing provider and to access income and rent information necessary to complete my enrollment in the program.

Signature _____