

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?**

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.