



FSA Home Repair Action Plan

FSA Case Manager: Harriet Gibbs - M- F 9 a.m to 4 p.m. **412-487-6316**
 FSA Assistant Case Manager: Marleen - evenings, 412-366-7113

North Hills Community Outreach (NHCO), 1975 Ferguson Rd., Allison Park, PA 15101-3235

A. Approved Plan:

1st Year: Amount saved weekly? \$ _____ X 52 wks = \$ _____

2nd Year: Amount saved weekly? \$ _____ X 52 wks = \$ _____

Lump Sum Deposits (\$1,000 max over 2 years): \$ _____

Personal Savings Total: \$ _____

+ 100% FSA Match: \$ _____

TOTAL FSA SAVINGS = \$ _____

If I decide to change this plan, I must contact my FSA Case Manager.

B. Open my FSA account. Bring the bank the Authorization & Release Form

- ② Set up Direct Deposit (if possible)
- ② Notify Harriet that my account is open & give her the account number .
- ② My **Goal Date** _____ is 24 months from the Date my Account was opened
 _____ . However, it is possible to complete the program in 12 months plus one day.
- ② If I encounter a financial hardship and can not make my Approved Plan deposits - I must contact Harriet immediately. **ANY WITHDRAWAL without written authorization is cause for termination from the FSA program.**

FSA Program participants are permitted to make one lump sum deposit of \$500 once a year to increase the match amount (savers are still required to save the minimum of \$10 per week). Please indicate if you plan to make such deposits during your saving period.

C. Complete Budget and Return to NHCO.

D. Attend 4 Money Management Workshops (or approved equivalent)

Date: _____ Workshop _____

Date: _____ Workshop _____

Date: _____ Workshop _____

Date: _____ Workshop _____

Participate in two Electives that encompass any in a wide range of life management & asset building topics. (examples: Lowes home improvement, library computer training, etc., meeting about your budget

Date: _____ Elective _____

Date: _____ Elective _____

E.**Action Plan Worksheet**

Please describe in detail the repair/improvement to be done to your home: (use extra sheet if necessary)

Contractor Estimates

It is a good idea to select well-established, licensed contractors. Contractors must supply a written, fixed-price bid for the work.

② Contractor Name: _____ Phone: _____

Docs. Received: _____ Estimate: \$ _____

② Contractor Name: _____ Phone: _____

Docs. Received: _____ Estimate: \$ _____

② Contractor Name: _____ Phone: _____

Docs. Received: _____ Estimate: \$ _____

Contractor selected _____

Cost of Work \$ _____

Do-It-Yourself Estimate

You may provide your own labor to complete the home improvement, when pre-approved by FSA Case Manager. You should compare prices and quality of all needed materials before making any purchases. You will not be given the match funds directly, and must have invoices or estimates for materials/services for the vendor to be reimbursed. At completion, receipts of all materials/service purchased for repair/improvement will be needed for verification.

Tools: \$ _____

Materials or service: \$ _____

Labor (extra help): \$ _____

Other: \$ _____

Total: \$ _____

What other financial resources do you plan to utilize to supplement your FSA goal? (ex. Grants, other savings, other community program financial support, scholarships, loans, mortgage, friends, family)

Resource _____ \$ _____

Resource _____ \$ _____

How much money will you have saved in the FSA account, Plus your match amount? \$ _____

Total: \$ _____

Total Estimated Repair Costs (above) \$ _____

Minus - Total from FSA & Other Resources \$ _____

Amount needed to reach my Home Repair goal \$ _____

A copy of this completed Action Plan must be received by your FSA Case Manager prior to receiving Match Money and having Savings released.