

## Individual Training and Services Plan (ITSP) Modification Request

Date: \_\_\_\_\_

FSS Participant Full Name: \_\_\_\_\_ SSN (Last 4-digit): \_\_\_\_\_

Due to a non-controllable circumstance, I must change my ITSP original goals to achieve the program's graduation.

From:

- Homeownership
- Employment
- Education
- Training
- Financial
- Transportation

To:

- Employment
- Education
- Training
- Financial
- Transportation

By signing below, I:

Certify that I have maintained my ITSP goal(s) below for the last five (5) years:

- Employment  Education  Training  Financial  Transportation

Acknowledge that the program removed the requested goal(s) below from my original ITSP goals.

- Homeownership  Employment  Education  Training  Financial  Transportation

Certify that I have requested to modify my ITSP goals as stated above.

Signature of Participant: \_\_\_\_\_

### For Office Use Only

Client Tenant ID: \_\_\_\_\_

- Tenant is in good standing with NRLHA
- Family completes the objective ITSP goals and is eligible to graduate
- Request for final escrow disbursement.

FSS Coordinator  Approved on \_\_\_\_\_  Denied on \_\_\_\_\_

NLRHA Executive  Approved on \_\_\_\_\_  Denied on \_\_\_\_\_

Signature: \_\_\_\_\_

FSS Coordinator

NLRHA Executive Director

