

Family Savings Account Program Application Form

Date: ___/___/___

CONTACT INFORMATION:

Name: _____

Address: _____

County: _____

SS#: _____ - _____ - _____

Birth date: _____

Home phone # () _____

Work/cell # () _____

Email address: _____

How many times have you moved in the last 3 years? _____

Contact information for an individual who will always know how to contact you (Required):

Name: _____

Relation: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

DEMOGRAPHIC INFORMATION (PLEASE CHECK ONLY ONE):

Sex: Male ___ Female ___

Marital Status: Single, never married ___ Married ___ Widowed ___ Divorced ___ Separated ___

Household status: Single ___ Single, head of household ___ Single, living with parents ___

Living with spouse/partner ___

Area of residence: ___ Inner City ___ Urban ___ Suburban ___ Rural

Ethnic Background:

___ African American ___ Asian American / Pacific Islander ___ Native American

___ Hispanic ___ Caucasian ___ Other _____

Educational Background (check last level completed):

___ Grades K-5 ___ Some College
___ Grades 6-8 ___ 2 year degree (AA)
___ Grades 9-11 ___ 4 year degree (BA/BS)
___ High School diploma or GED ___ Some Graduate School
___ Vocational School Diploma/Degree ___ MA/MS, etc. Graduate Degree(s)

ELIGIBILITY CRITERIA:

What is your **household** income category? (Last twelve months)

___ \$20,800 and under ___ \$42,401 -- \$49,600
___ \$20,801 -- \$28,000 ___ \$49,601 -- \$56,800
___ \$28,001 -- \$35,200 ___ \$56,801 -- \$64,000
___ \$35,201-- \$42,400 ___ \$64,001 -- \$71,200
___ \$71,201 or more

Size of Household (self Included)

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

List all the members of your household (Total # of dependents: _____)

___ AFI
___ DCED
___ PHA
___ Section 8 Public

Household – All individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals.

Income - All salaries, wages, dividends, interest, unemployment compensation or other cash receipts for last 12 months. Excluded are welfare payments, SSI, SSDI and state or federal training program stipends (except for PHA contract)

_____)

Name (Last name, First name)	Age	Social Security#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOURCES OF INCOME:

Please indicate your employment status: Full time Part time Unemployed
 Student Retired Disabled, not seeking employment Other (please list) _____

What was your source of household income and/or assistance for the last twelve months?

Formal Employment	\$ _____	Occupation: _____	Company: _____
TANF/Public Assistance	\$ _____		
Unemployment	\$ _____		
Self Employment	\$ _____		
Social Security	\$ _____		
Supplemental Security Income (SSI)	\$ _____		
Social Security Disability Income (SSDI)	\$ _____		
Child Support/Alimony Payments	\$ _____		
Other Income	\$ _____		

Do you have health insurance? Yes No
 Are you a TANF recipient? Yes No
 Have you **ever** received the Earned Income Tax Credit? Yes No
 Do you own a business? Yes No

BANK ACCONT HISTORY:

Have you ever owned a checking account? Yes No
 Have you ever owned a savings account? Yes No
 Have you ever used direct deposit for your paychecks? Yes No

POINT OF CONTACT:

Were you referred to WORC by one of the following partner organizations?

CCDI Habitat for Humanity PHA Other _____

Are/were you a WORC Start Smart participant? Yes No
 Did you graduate from the program? Yes No If yes, when? _____
 Are/were you a WORC EOF Loan recipient? Yes No

Are you currently, or have you ever been in an FSA or IDA program before? Yes No

INTENDED USE:

What is your intended use for the Savings program (only choose one)?

1st time home purchase post secondary education for myself
 post secondary education for my child funding for my business other _____

Please fill in the section according to your intended use:

MICRO-ENTERPRISE CAPITALIZATION:

Describe the business asset you intend to buy, and its total cost:

How does this asset fit into your business plan and how will it impact on your business?

Are you pursuing any additional funding sources for your business? If so, please describe:

EDUCATION (FOR SELF/CHILD)

Describe the educational program you/your child intend(s) to register in and its total cost:

How will this educational training improve your/your child’s economic and career objectives?

What other financial resources do you plan to utilize to supplement your/your child’s educational costs?

1ST TIME HOME PURCHASE

Describe the type of home and area in which you intend to buy and the estimated costs.

How will your home purchase impact your family’s financial future?

What other financial resources do you plan to utilize to contribute to the purchase of your home?

OTHER APPROVED PLAN Please specify: _____

How will this improve your self-sufficiency?

What other resources do you plan to use? Do you have a savings plan towards this objective? If yes, please describe:

.....
PLEASE READ CAREFULLY AND SIGN BELOW

I understand that WORC is expressly relying on information contained herein in deciding to approve this application. I warrant and represent that the information provided is true and complete. I agree to notify WORC promptly in writing upon any material change in the information provided herein. I also give WORC permission to make any inquires it deems necessary to confirm the validity of the information provided.

Applicant Signature: _____

Date: _____