

Family Savings Account Program Application Form

Date: _____

Name _____ Birth date _____

Address _____ Home# () _____

_____ Phone# () _____

City _____ County _____ State _____ Zip Code _____

Number of years you have lived at the present address? _____

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

SS# _____ Male _____ Female _____

CHECK ONE

Marital Status: Single Married Widowed Divorced Separated

Are you the head of household? Yes No Do you own a business? Y N

Ethnic Background

African American Asian American Native American

Hispanic Caucasian Other _____

Educational Background

Some High School (Last Grade Completed _____) Received 2-year Degree

Received High School Diploma/GED Received 4-year Degree

Some College Courses Graduate Level Training

Attended Vocational/Technical Training Received Advanced Degree

DEFINITIONS:

Household - Applicant, Spouse and all dependents on taxes.

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

Eligibility Criteria

What is your total household annual income? \$ _____

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

_____ \$15,480 and under _____ \$31,201 -- \$36,440

_____ \$15,481 -- \$20,720 _____ \$36,441 -- \$41,680

_____ \$20,721 -- \$25,960 _____ \$46,681 -- \$46,920

_____ \$25,961 -- \$31,200 _____ \$46,920 -- \$52,160

Size of Household (self Included)

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

List all dependents in your household Total # of dependents _____ Name (Last name, first name)
Age Social Security# Relationship

SOURCES OF INCOME

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

Employment \$per yr _____ Occupation _____

Full time ____ or Part time ____ Where _____

AFDC/Public Assistance \$ _____

Unemployment \$ _____

Self Employment \$ _____

Social Security \$ _____

Supplemental Security Income (SSI) \$ _____

Social Security Disability Income (SSDI) \$ _____

State/Federal Training Stipend \$ _____

Other Income \$ _____

Do you save now? _____

How much do you have in savings now? \$ _____

How much will you save a week? \$10 ____ \$12 ____ \$15 ____ \$20 ____ Other\$ ____

POINT OF CONTACT

What partnership organization are you working with in this program?

WORC ____ Point Breeze ____ APM Housing ____ New Horizons Community FCU ____

Allegheny West Foundation ____ Germantown Settlement ____ Other _____

What other services have you received through this organization? _____

Did you successfully graduate or complete the program? Yes ____ No ____

If the answer is yes, when did you complete the program? _____

INTENDED USES:

What is your intended use of the Family Saving Account Fund?

____home purchase ____home repair ____education for myself ____education for my children
____funding for my business ____retirement

Please Fill in the appropriate section

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?

How much do you have to contribute in the business?

Education (for self)

Describe the educational program you intend to register in, and its total cost:

How will this educational training improve your economic and career objectives?

What other financial resources do you plan to utilize to supplement your education costs?

Education (for child)

Describe the educational program you intend for your child to register in, and its total cost:

How will this educational training improve your child's career objectives?

What other financial resources do you plan to utilize to supplement the education costs?

Home purchase/home repair

Describe the home and area you intend to buy or the repairs you plan to do, and it's estimated costs. If you are using it for repairs will this increase the value of the house? By how much?

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

Retirement

When do you plan to retire?

Do you have an IRA or Pension Plan (if so how much)?

Other approved plan

Please specify.

How will this improve your self-sufficiency?

What Other resources do you plan to use? Do you presently have a savings plan towards this objective? If yes, please elaborate.

READ CAREFULLY

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 _____

Type _____ Number _____ Exp. Date _____

Type _____ Number _____ Exp. Date _____

Certificate of Eligibility

Instructions: Please READ all of the information below, and then sign your name. If you have any questions concerning the Program's eligibility requirements, this application, or any other aspect of the Program, ask the staff at Women's Opportunities Resource Center.

1. DEFINED TERMS

Family Savings Account- Bank accounts where money is set aside for specific uses (funding for your business, home purchase, home repair, education for yourself, education for your children, or retirement)

Household- Applicant, Spouse and all dependents reported to the IRS.

Income- All salaries, wages, dividends, interest or other cash receipts for last 12 months. Excluded

are welfare payments, SSI, SSDI and state or federal training program stipends.

2. CRITERIA FOR PARTICIPATION

a) All applicants are limited to residents of Pennsylvania.

b) The gross income of the applicant's household shall not exceed two hundred percent (200%) of the federal poverty income guidelines published in the most recent Federal Register.

Household Size	1	2	3	4	5	6	7
200% Poverty Income	\$15,480	\$20,720	\$25,960	\$31,200	\$36,440	\$41,680	\$46,920

***** I certify that my income falls under these guidelines and I qualify for the program.*****

SIGN HERE _____ **DATE** _____

3. DISCLOSURE AND CONFIDENTIALITY STATEMENT

Certain information in the possession of Women's Opportunities Resource Center must be made available for the public inspection after an application for a Family Savings Account is received. This information includes but is not limited to the name of applicant, the amount, type and general terms of the account, description of the proposed use and anticipated benefits of the account, and the name(s) of the financial institutions or entities participating in the plan.

I understand that WORC is not responsible for the purchase of any asset or the success of any business or person that participates in the program.

Applicant Signature: _____ Date _____

Staff Signature: _____ Date _____

*** Please attach supporting documents**