



FAMILY SAVINGS PARTNER PROGRAM
2021 Car Savings Goal Application

Please note: all information requested on this application form will be kept confidential within Open Hearth Inc., partner organizations, and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

PLEASE ANSWER EVERY QUESTION—IF NOT APPLICABLE, ENTER N/A

Household Information¹

Name: _____ Social Security Number _____

Gender: Female Male Number in Household _____

How many adults (18 years and older) currently live in your household (including you): _____

How many children (under 18 years) currently live in your household: _____

Marital status: Single (never married) Married Separated
 Divorced Widowed

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Household Members:

First Name	Middle Initial	Last Name	Suffix	Date of Birth	Relation
					APPLICANT

¹ “Household” refers to all individuals who share use of a dwelling unit as primary quarters for living and eating, separate from other individuals.



Household Assets & Liabilities

Please answer each question below for you *and all members of your household*:

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD...							
own a home?	Yes	No	Value of home:	\$ _____	Outstanding mortgage:	\$ _____	
If Yes, who owns the home? Self or other household member? Please list relationship to you: _____							
own a car?	Yes	No	Value of LEAST expensive car (if sold today):	\$ _____	Loan amount remaining on that car today:	\$ _____	
ABOVE VALUES ARE *NOT* INCLUDED IN NET WORTH CALCULATION							

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD...							
1	own additional cars?	Yes	No	Value of additional car(s):	\$ _____	Loan amt. on those car(s):	\$ _____
2	own a business?	Yes	No	Value of business:	\$ _____	Outstanding loan(s):	\$ _____
3	own residential rental property or land?	Yes	No	Value of property:	\$ _____	Outstanding property loan(s):	\$ _____
4	own stocks, bonds, 401K, other investments, or have a pension?	Yes	No	Value of investments:	\$ _____		XXX
5	have a checking account(s)?	Yes	No	Amount in account(s):	\$ _____		XXX
6	have a savings account(s) (other than an IDA)?	Yes	No	Amount in account(s):	\$ _____		XXX
7	owe money to friends or family?	Yes	No		XXX	Amount owed:	\$ _____
8	have past due household bills? (include collections or charge offs)	Yes	No		XXX	Amount past due:	\$ _____
9	carrying a balance on credit card(s)? (include collections or charge offs)	Yes	No		XXX	Amount of balance(s)	\$ _____
10	have outstanding student loans? (even if in deferment)	Yes	No		XXX	Outstanding loan(s):	\$ _____
11	have outstanding medical bills? (include those in collections)	Yes	No		XXX	Outstanding balance(s):	\$ _____
ADD THE VALUES FOR ROWS 1 THRU 11:				TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
Subtract total liabilities from total assets to calculate NET WORTH (may be a negative value)						\$ _____	



Main Applicant Income Information

Do you use direct deposit? YES NO
 Are you TANF (cash assistance) eligible? YES NO
 Did you receive the Earned Income Tax Credit on last year's income tax filing? YES NO

Income of Applying Adult - please list *gross income* (before taxes):

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>TOTAL Last Year</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment <i>(Such as selling things you make, mowing lawns, sewing, childcare, etc.)</i>	\$ _____	\$ _____	\$ _____
TANF (cash assistance)	\$ _____	\$ _____	\$ _____
Other government assistance (SNAP/SSDI)	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support /alimony payments	\$ _____	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____

Other Household Member(s) Income Information

Income of the other household member(s) - please list *gross income* (before taxes):

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Last Year</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment <i>(Such as selling things you make, doing laundry, sewing, childcare, etc.)</i>	\$ _____	\$ _____	\$ _____
TANF (cash assistance)	\$ _____	\$ _____	\$ _____
Other government assistance (SNAP/SSDI)	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support /alimony payments	\$ _____	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____



Applicant Employment Information

Primary Employment Status:

- | | |
|---|--|
| <input type="checkbox"/> Employed more than full-time
<i>(Overtime or more than one job, for yourself or others)</i> | <input type="checkbox"/> Working and in school or job training |
| <input type="checkbox"/> Employed full-time <i>(for yourself or others)</i> | <input type="checkbox"/> Currently in school or job training |
| <input type="checkbox"/> Employed part-time <i>(for yourself or others)</i> | <input type="checkbox"/> Laid off, waiting for call back |

Employer: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Applicant Personal Information

- Ethnicity:
- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander, Hawaiian |
| <input type="checkbox"/> Other <i>(please specify)</i> : _____ | |

Highest Level of Education Completed:

- | | |
|---|--|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Grade 6 through 8 |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Graduated junior college (2 year) |
| <input type="checkbox"/> Graduated college (4 year) | <input type="checkbox"/> Attended graduate school |

How did you hear about the savings program? _____

Do you have any special needs you would like Open Hearth to know about? _____

Have you or anyone in your household participated in another savings program in the past 3 years (even if you didn't graduate)? yes_____ no_____

If yes, which program? _____



Applicant Personal Statement

Please explain why you are interested in participating in the savings program in order to purchase a car:

How much do you think you could afford to save each month? \$ _____

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: _____

Relationship: _____ (i.e. mother/husband/friend/girlfriend)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Proof of Identity and Income

Please note that the following items must be provided as proof of your identity and income. Please provide these items when you submit your application:

- Current Driver's License OR
- State Issued Identification Card

AND, for every member of your household with income/assets:

- Federal tax return for the year prior to date of application
- Two most recent payroll check stubs
- Documentation for unemployment compensation, social security benefits, and/or investment income (if applicable)
- Copies of most recent checking and savings account statements
- Copies of statements for any other investments, such as 401(K), CD, or IRAs
- Recent copy of your credit report, free online at www.annualcreditreport.com or by calling 877-322-8228

If you or any adult in your household did not file a tax return, please provide each adult household member's last 4 pay stubs (2 months' worth) for each job worked during the year, W2's for each job worked or copy of last year's business records.



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Applicant Signature

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

My signature below certifies that the eligibility guidelines (household income and assets limits) for this program have been explained to me, and to the best of my knowledge, I meet these guidelines.

Signature: _____ Date: _____

**RETURN COMPLETE APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS
to the attention of Taryn Alexander at:**

talexander@openhearthinc.org

— or —

Open Hearth FSP
101 N. Main Street, Suite A-1
Spring City, PA 19475

— or —

Fax—610-792-9285

Questions? Call 610-280-1033

<i>For Agency Use Only</i>	
Date Received: _____	Application Reviewed by: _____
Paper file started on: _____	