



FAMILY SAVINGS PARTNER PROGRAM Application Form

Indicate savings goal: Education Home

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

Please answer every question on the application—if it's not applicable to your situation 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.

Main Applicant Income Information

Do you use direct deposit? YES NO
 Are you TANF (cash assistance) eligible? YES NO

Income of Applying Adult - 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: _____)	\$ _____	\$ _____	\$ _____

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:

- Employed more than full-time (Overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Currently in school or job training
- Laid off, waiting for call back

Employer: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Applicant Personal Information

- Ethnicity:
- African American
 - Latino or Hispanic
 - Native American
 - Other (please specify): _____
 - Caucasian
 - Asian American
 - Pacific Islander, Hawaiian

Highest Level of Education Completed:

- Grade K through 5
- Grade 6 through 8
- Grade 9 through 12
- High School Diploma or GED
- Attended college
- Graduated junior college (2 year)
- Graduated college (4 year)
- 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:

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/spouse/friend/boyfriend)

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:

- Federal tax return for the year prior to the date of application
- Current Driver's License OR
- State Issued Identification Card

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

- Two most recent payroll check stubs OR 4 check stubs if paid weekly
- Documentation for unemployment compensation, social security benefits, and/or investment income (if applicable)
- 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 asset 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:

Open Hearth
ATTN: FSP
701 S. Main Street
Phoenixville, PA 19460
— or —

Fax—610-792-9285

— or —

talexander@openhearthinc.org

Questions? Call 610-280-1033

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