



DULUTH SAVES! & FAIM Community Action Duluth Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) _____ Work Phone: (____) _____ Alt. Phone: (____) _____

E-mail address: _____ Social Security Number: _____

Gender (Circle one): Male Female Date of Birth: _____ Age at time of Enrollment: _____

How would you describe your Race and Ethnicity? _____

Are you a: US Citizen? Yes No An Eligible Non-Citizen? Yes No

Number of Adults in Household (18 and over): _____ Number of Children in Household (17 and under): _____

How did you hear about the program? _____ What financial classes have you taken? _____

In which matched savings programs have you participated? _____ Asset(s) purchased: _____

Do you have **earned** income? Yes No Can you be claimed on anyone else's Federal Income Tax return? Yes No

Monthly gross income of Household by Source:

	<u>Applicant</u>	<u>Others in household</u>		<u>Other sources of income used to determine eligibility</u>
Employer:	_____	_____		Investment income: \$ _____
Formal Employment: \$	\$ _____	\$ _____		Alimony per Month: \$ _____
Self Employment: \$	\$ _____	\$ _____		Child Support per Month: \$ _____
Unemployment: \$	\$ _____	\$ _____		SSI/SSDI per Month: \$ _____
Pension/Retirement: \$	\$ _____	\$ _____		Food Stamps per Month: \$ _____
Veterans Benefits: \$	\$ _____	\$ _____		Total monthly extra income \$ _____
Friends or Family: \$	\$ _____	\$ _____		Total Annual Extra Income \$ _____

\$ _____ Additional household income (Please specify source): _____

Total Gross Monthly Income (1 month) \$ _____ x 12 = Total Gross Annual Income \$ _____

*Please note: At the time of enrollment in FAIM be prepared to submit one of the following forms of proof of earned income:
Your three most recent months of pay stubs –or– previous year's tax return –or– previous year's W-2 forms
For proof of government assistance and income from friends or family you will need to provide additional documentation:
Public benefit award letter –and/or– notarized letter from family or friend stating dollar amount and time period of support*

Assets and Liabilities:

How many vehicles do you own? _____

Do you own a principal residence? __Yes __No

Do you own other homes? __Yes __No

Do you own a business? __Yes __No

Do you own other property or land? __Yes __No

Do you have retirement accounts? Value: \$ _____

Do you have a checking account? Balance: \$ _____

Do you owe money to friends/family? Balance: \$ _____

Do you have credit cards? Total Balance: \$ _____

Do you have student loans? Total Balance: \$ _____

Do you have payday loans? Total Balance: \$ _____

Assets

Vehicle 1 Value \$ _____

Vehicle 2 Value \$ _____

Vehicle 3 Value \$ _____

Home Value \$ _____

Other Home Value \$ _____

Business Value \$ _____

Property Value \$ _____

Liabilities

Vehicle 1 Loan Balance \$ _____

Vehicle 2 Loan Balance \$ _____

Vehicle 3 Loan Balance \$ _____

Mortgage Balance \$ _____

Other Homes Loan Balance \$ _____

Business Loan Amount \$ _____

Property Loan Amount \$ _____

Do you own other investments? Value: \$ _____

Do you have a savings account? Balance: \$ _____

Do you have medical bills? Balance: \$ _____

Do you have a personal loan(s)? Balance: \$ _____

Do you have other past due bills? Balance: \$ _____

For which asset will you be saving?

_____ First Home Purchase
(I have not owned a home in the past 3 years.)

_____ Business Capitalization
(Starting or building a small business)

_____ Post-Secondary Education
(Public, accredited higher education institution)

_____ Transfer to dependent
(Saving for one of above assets for spouse or child)

_____ Emergency Reserves
(Building savings of 3 – 6 months of my expenses)

_____ Other: _____
(Please specify goal)

Will you be ready and able to purchase one of the above assets within 30 months? YES NO

Are you committed to saving at least \$40/month, or \$960 within two years? YES NO

Do you want to be added to the FAIM Waiting Pool? YES NO

I certify that this information is true to the best of my knowledge:

Applicant Name (Please Print): _____

Applicant Signature: _____ Date: _____

I give permission to Community Action Duluth to obtain a copy of my credit report for counseling purposes and potentially at a later date for follow up. I understand that these credit reports will be made available to me and that they will not impact my credit score:

Applicant Signature: _____ Date: _____

For Housing Asset: If a spouse/partner/co-borrower lives in the home and will co-sign on a loan, please fill out the following:

Name of Spouse/Partner/Co-Borrower (Please Print): _____

SS# of Spouse/Partner/Co-Borrower: _____ Date of Co-Borrower's Birth: _____

Signature giving permission to pull a credit report: _____

Spouse/Partner/Co-Borrower

Date