

ACTION-Housing, Inc.'s

Family Savings Account Program Participant Application

Note: All information requested in this application will be kept confidential within ACTION-Housing and FSA Program partner organizations and evaluators.

Date of Application: _____ E-mail Address: _____

Personal Information

Have you ever enrolled in the FSA program before? Yes No Where? _____
 *a person is only able to receive this grant once.
 Has anyone in your household participated in the FSA program? Yes No When? _____
 Where did you find out about the FSA program? _____

Name: _____ Date of Birth: ___/___/___ Age: ___ SS#: ___-___-___
 Address: _____ City: _____ State: ___ Zip: _____
 Township/Borough: _____ Home Phone #: ___-___-___ Cell Phone #: ___-___-___

Ethnicity: African American Hispanic/Latino Asian
 Native American Caucasian Middle Eastern
 Other: _____

Educational Background:

Some High School	Vocational/Technical School	
High School Diploma	Associate's Degree	
GED	Bachelor's Degree	PhD
Some College	Master's Degree	Other: _____

Marital Status: Single Married Separated Divorced Widowed
 Family Type: Single Single Parent Single living with parents
 Living with Spouse/Significant Other Living with Spouse/children
 Total # of adults in the household (over 18 years): _____ Total number of children: _____

Please list all members of the household as reported on your taxes.

Relationship	Name	Age	SS#
Self			

Total number of persons (including yourself) in the household: _____

FSA Program Income Eligibility Criteria

Household Size	1	2	3	4	5	6
Income Limit	\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000

- ⇒ The *household* consists of the applicant, significant other, and all dependents reported to the IRS.
- ⇒ The *Income Limit* includes all salaries, wages, dividends, interest, unemployment compensation, or other cash receipts for the last twelve months.

Use the chart below to calculate your total annual income.

Household Income Information				
Category	Annual Amount (Self)	Annual Amount (Spouse/ Significant other)	Other (Child, etc)	Verification/ Documentation
Formal Employment	\$	\$	\$	
Self Employment	\$	\$	\$	
Government Assistance	\$	\$	\$	
Pension/Retirement Income	\$	\$	\$	
Child Support/Alimony	\$	\$	\$	
Friends of Family	\$	\$	\$	
Investment Income	\$	\$	\$	
Other (Specify: _____)	\$	\$	\$	
Total	\$	\$	\$	
Total Household Annual Income:			\$	

Employment Information

Employment Status:

Full Time	Part Time	Currently Seeking Employment
Full Time Student	Disabled	Working and in school or job training
Homemaker	Laid Off	Retired

Employer: _____ Occupation: _____

Street: _____ City: _____ State: _____

Zip: _____ Phone #: _____ - _____ - _____

Alternate Personal Contact

Name: _____ Relationship: _____
Street: _____ City: _____ State: _____
Zip: _____ Phone #: _____ - _____ - _____ Alt. Phone #: _____ - _____ - _____

Intended Use of Match Funds

What is your intended use of the Family Savings Account match funds (choose one)?

- Home Purchase
- Business Start-Up
- Home Improvement/Repair
- Car Purchase
- Education for Self/Child

In detail, please describe how you wish to spend your savings/match:

Applicant Certification

Signature: _____ Date: _____

FSA Administrator: _____

MAIL COMPLETED APPLICATION TO:

**Attn: Amanda Burkhart
ACTION-Housing, INC.
425 Sixth Ave. Suite 950
Pittsburgh, PA 15219
412-281-2102 x2022**

FAMILY SAVINGS ACCOUNT NET WORTH DETERMINATION FORM

In addition to the income requirements, to be eligible for the FSA program your total household net worth at the end of the previous year can be no more than \$10,000. For the purposes of this form, "household" refers to all individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals. See Assets for Independence Act, 42 U.S.C. § 604. Please see Directive 2002-02, revised 4/20/06 and 6/ /07, Income Eligibility Determination for further details.

Name: _____ SS #: _____

SECTION 1: Assets / Liabilities Excluded from Net Worth Determination

1 Do you or any member of your household own a home?	Circle one	Home value (estimated):	ASSETS		LIABILITIES	
	yes / no		\$			
2 Do you or any member of your household own a vehicle?	yes / no	Value of the vehicle (estimated):	ASSETS		LIABILITIES	
			\$			
TOTAL: \$			TOTAL: \$		TOTAL: \$	

SECTION 2: Assets / Liabilities Included in Net Worth Determination

1 Do you or any member of your household own more than one vehicle?	Circle one	Estimated value of additional vehicle(s):	ASSETS		LIABILITIES	
	yes / no		\$			
2 Do you or any member of your household own a business?	yes / no	Business value (estimate):	ASSETS		LIABILITIES	
			\$			
3 Do you or any member of your household own rental property or land?	yes / no	Property value (estimate):	ASSETS		LIABILITIES	
			\$			
4 Do you or any member of your household own stocks, bonds, 401K, IRA, other investments?	yes / no	Value of investments:	ASSETS		LIABILITIES	
			\$			
5 Do you or any member of your household have checking account(s)?	yes / no	Amount in checking account(s):	ASSETS		LIABILITIES	
			\$			

	ASSETS	LIABILITIES
<p>Circle one</p> <p>6 Do you or any member of your household have savings account(s) (other than IRAs)? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>7 Do you or any member of your household have whole life policy life insurance? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>8 Do you or any member of your household have student loans? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>9 Do you or any member of your household have past due household bills? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>10 Do you or any member of your family have credit card bills? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>11 Do you or any member of your household have medical bills? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>12 Do you or any member of your household owe money to family/friends? <input type="checkbox"/> yes / <input type="checkbox"/> no</p> <p>13 Do you or any member of your household have any other debts not listed here (briefly describe below)? <input type="checkbox"/> yes / <input type="checkbox"/> no</p>	<p>Amount in savings account(s): \$</p> <p>Cash value of policy: \$</p> <p>TOTAL ASSETS: (sum of all assets in Sect. 2) \$</p>	<p>Amount of student loans: \$</p> <p>Amount due: \$</p> <p>Amount owed: \$</p> <p>Amount of medical bills: \$</p> <p>Amount owed to family/friends: \$</p> <p>Amount of additional debts: \$</p> <p>TOTAL LIABILITIES: (sum of all liabilities in Sect. 2) \$</p>
<p>NET WORTH DETERMINATION:</p> <p>TOTAL ASSETS (listed above) - TOTAL LIABILITIES (listed above) = \$</p> <p>This total must be \$10,000 or less to meet the net worth eligibility criterion for the FSA program \$</p>		

**** I, the Applicant, certify that the above information is true and complete****

Applicant Signature: _____

Date: _____

Agency Signature: _____

Date: _____

Agency: _____