



Foundation Communities' Matched Savings Program Application Instructions

To apply to participate, please prepare the following:

- Complete the three-page program application.
 - Provide a copy of ONE of the following:
 - Last year's income tax return for your household
 - OR
 - Last year's W2s for all working members in your household
 - OR
 - Two most recent pay stubs for all working members of your household
 - Provide **two** forms of ID: **1)** valid state issued driver's license, US or government ID or passport **2)** Social Security Card or ITIN Card (or letter)
 - A check or money order for \$25 made payable to Greater TEXAS Federal Credit Union. *This counts as your first deposit, it is not a participation fee.*
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To complete the enrollment process, you must present yourself personally to program staff to verify your identity and complete the required paperwork to open your Greater TEXAS Federal Credit Union account.

To schedule an appointment call 512-610-7381 or email IDA@foundcom.org.

For more information on the Matched Savings Program, please visit Foundation Communities' website: www.foundcom.org
Click on "Get Financially Stable" and then "Matched Savings Program."



Matched Savings Program Application

If you have any questions regarding the correct completion of this application or the Matched Savings Program, please contact the program office: **(512) 610-4022** or via email: **IDA@foundcom.org**

PERSONAL INFORMATION

NAME:		SOCIAL SECURITY NUMBER:	
Last	First	MI	____/____/____
ADDRESS:		UNIT/APARTMENT NUMBER:	
		DATE OF BIRTH:	
		____/____/____	
CITY, STATE, ZIP:		MOTHER'S MAIDEN NAME:	
		PHONE:	
		Day _____	Evening _____
HIGHEST LEVEL OF EDUCATION:		EMAIL ADDRESS:	
		NUMBER OF HOUSEHOLD MEMBERS:	
		____ Adults	____ Children
ETHNICITY:		MARITAL STATUS:	
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

CONTACT INFORMATION

Please record below the contact information of a relative or close family friend who would know how to reach you if you moved.

FULL NAME:	RELATIONSHIP:
ADDRESS:	PHONE:
CITY, STATE, ZIP:	ALTERNATE PHONE:

OTHER INFORMATION

DO YOU OR ANYONE IN YOUR FAMILY HAVE PRIVATE/PUBLIC HEALTH INSURANCE?	YES	NO
DO YOU OR ANYONE IN YOUR FAMILY HAVE LIFE INSURANCE?	YES	NO
HAVE YOU EVER BEEN A RECIPIENT OF TANF OR AFDC?	YES	NO
ARE YOU CURRENTLY A TANF RECIPIENT?	YES	NO
DO YOU CURRENTLY RECEIVE SSI OR RSDI?	YES	NO
DO YOU CURRENTLY RECEIVE FOOD STAMPS?	YES	NO
DO YOU OR CAN YOU USE DIRECT DEPOSIT FOR YOUR MATCHED SAVINGS ACCOUNT?	YES	NO

BENEFICIARY INFORMATION

In the event of my death, I order the distribution of my savings and earned match funds to a matched savings account established for the benefit of: (name stated below). If at that time, the below individual does not meet program requirements of income, net worth, and residency at a Foundation Communities property, I understand that only my accumulated deposits will be distributed.

FULL NAME:	RELATIONSHIP:
ADDRESS:	SOCIAL SECURITY NUMBER:
CITY, STATE, ZIP:	PHONE NUMBER:

INCOME INFORMATION-Please record all amounts and sources of total household income in the space provided below. Some sources of income include: wages, salaries; tips; self employment; disability, TANF; Social Security, child support, workman's compensation, etc.

NAME OF PERSON WITH INCOME	EMPLOYMENT STATUS Full Time, Part Time, etc.	SOURCE OF INCOME Employer, Name, Address, Phone Number	MONTHLY AMOUNT
			\$
			\$
			\$
			\$

ASSET INFORMATION-Please record all household assets in the space below. Some assets include real estate, automobiles, checking accounts, etc.

ASSETS	VALUE	AMOUNT OWED
DO YOU OWN A VEHICLE? VEHICLE (1):	(1)	(1)
VEHICLE(2):	(2)	(2)
DO YOU OWN A BUSINESS? <small>(circle)</small> YES NO	\$	\$
DO YOU OWN A HOME? YES NO	\$	\$
DO YOU OWN RENTAL PROPERTY? YES NO	\$	\$
DO YOU OWN STOCKS, BONDS, A 401K, OR OTHER INVESTMENTS? YES NO	\$	N/A
DO YOU HAVE A CHECKING ACCOUNT? YES NO	\$	N/A
DO YOU HAVE A SAVINGS ACCOUNT (OTHER THAN YOUR MATCHED SAVINGS ACCOUNT)? YES NO	\$	N/A

LIABILITIES

LIABILITY	ANSWER	AMOUNT OWED
DO YOU OWE MONEY TO YOUR FAMILY OR FRIENDS?	___YES ___NO	\$
DO YOU HAVE PAST DUE HOUSEHOLD BILLS?	___YES ___NO	\$
DO YOU OWE MONEY ON CREDIT CARDS, FURNITURE, OTHER BILLS?	___YES ___NO	\$
DO YOU HAVE ANY STUDENT LOANS?	___YES ___NO	\$
DO YOU HAVE ANY MEDICAL OR HOSPITAL BILLS?	___YES ___NO	\$
ANY OTHER OUTSTANDING DEBT?	___YES ___NO	\$

Please choose your asset goal (CHECK ONLY ONE):

HOME PURCHASE

POST-SECONDARY EDUCATION

BUSINESS

What is your monthly savings goal? \$ _____

By signing below, I hereby affirm that all information I have provided is true to the best of my knowledge.

NAME OF APPLICANT (Please Print Clearly):	SOCIAL SECURITY NUMBER:
SIGNATURE OF APPLICANT:	DATE:

Foundation Communities' Matched Savings Program
Participation Letter of Agreement

This Letter of Agreement, between Foundation Communities and the program participant listed at the bottom of this agreement (“the Participant”), details responsibilities of both parties in connection with Foundation Communities’ Matched Savings Program (“the Program”).

Foundation Communities' Responsibilities

Foundation Communities agrees:

- Financial Education** - to present a money management class for the Participant’s benefit. Foundation Communities will provide all necessary materials, instruction, and childcare free of charge.
- Account Statements** - to provide the Participant with a timely and accurate monthly account statement, listing accumulated savings, earned matches and account activity.
- Confidentiality** - to protect the Participant’s privacy by securing personal and financial records and keeping all such information confidential within Foundation Communities.
- Individual Assistance** - to create opportunities for the Participant to meet individually with Program and/or partner staff about financial, savings, and asset-goal-related matters.
- Match Funds** - to match the Participant’s savings, up to \$600 per program year of participation (no more than \$1,800 will be matched over the three year life of the program) with a 2:1 savings match at the time he or she is ready, by mutual agreement of the Participant and Program staff, to purchase his or her chosen asset goal.

Participant Responsibilities

The Participant agrees:

- Monthly Deposits** - to deposit a minimum of \$300 every year from his or her earned income (from income received as a wage or through self-employment)
- Financial Education** - to attend a personal finance class presented by Foundation Communities within six months of opening the account and actively participate in all workshop discussions and exercises, and complete all homework activities.
- Asset Specific Training** - to attend additional educational and training workshops appropriate to his or her selected asset goal, as determined by Program staff. (These additional course requirements will not exceed 10 hours)
- Confidentiality** - to respect the right to privacy of all Program participants by keeping confidential any personal or financial information divulged in the course of the Program.
- Change of Address** - to provide Program staff with updated personal information in the event of a change of address, phone number or emergency contact information.

Mutual Understandings

Both parties understand and agree that:

- Qualified withdrawals** - are only available for the Program’s stated permissible uses (first time home purchase, small business start up or expansion, post secondary tuition and/or expenses), after completion of all Program preparatory requirements, and once the participant has successfully completed a minimum of six months in the program.
- Emergency withdrawals** - are discouraged and only available to the Participant in accord with the Program’s emergency withdrawal policy and procedure.
- Participation requirements / terminations** - the Participant may be asked to leave the Program for failure to meet savings goal, failure to follow a consistent savings schedule, failure to replace within a 12 month period any withdrawals made for reasons other than the purchase of an asset goal, failure to complete all required course work, termination of residency.
- Self-Termination** – The Participant may choose to terminate his or her participation at any time. In such case, Foundation Communities will co-sign a withdrawal of the participant’s savings plus any interest accrued. A Participant terminating participation forfeits all earned matched funds.
- Account ownership** - Program savings accounts will be owned jointly by the Participant and Foundation Communities; both parties will have access to all account activity information and neither party can withdraw funds without the other’s written consent. Foundation Communities will not prohibit the withdrawal of funds for any reason.
- Amendments to agreement** – This contract may be amended with the concurrence of the Program and the Participant.

Certification

I have read and understand the contents of this agreement and I agree to meet my responsibilities under it.

Participant’s signature: _____ Date: _____