

FAMILY SAVINGS ACCOUNT PROGRAM
114 WOODY DR * BUTLER PA 16001
724-287-6797 or 1-800-433-6327

Intake Application

Note: All information requested on intake form will be kept confidential within The Family Savings Account Program and FSA Program partner organizations and evaluators.

Applicant (first, mi, last) Name: _____ Date: ____/____/____

FSA Program Eligibility Criteria

Household – Applicant, Spouse and all dependants reported to the IRS
Income – All salaries, wages, dividends, interest, unemployment compensation, or other cash receipts for the last 12 months. Excluded are welfare payments, SSI, SSDI, state or federal training program stipends, public funds paid for care of children who are wards of the court, public used for foster care support.

- 1. All participants must be residents of Pennsylvania.
2. The gross income of the applicant’s household at the time of enrollment may not exceed 80% of the current median income level established by the Federal Office of Management and Budget.
3. Household Net worth may not exceed \$10,000. Net worth is the aggregate market value of all assets owned in whole or in part by any members of the household; minus the obligations and debts owed by any member of the family and excluding one motor vehicle owned by a member of the household and the primary dwelling unit.

Table with 9 columns: Household Size (1-8*) and Income Limit (\$32,400 to \$61,100)

Household Size: 1 2 3 4 5 6 7 8 9 10
Total GROSS Annual Income: \$____.00/year Butler County Resident: Yes or No
Have you or a household member ever participated in any FSA program in the past: Yes or No (If Yes, please call 724/ 287-6797 prior to completing the application.)

***If you meet the FSA Program Eligibility Criteria, please continue:

Participant Information

(first/mi/last) Name: _____ Street: _____
Date of Birth: ____/____/____ City/Town: _____
SS#: ____-____-____ State: ____ Zip: _____
Home Ph#: (____) ____-____ # of Dependants: _____

Check One: (Optional)
Gender: Male Female Head of Household: Yes No
Ethnicity: African American Hispanic/Latino Native American
Caucasian Asian Other: _____
Prim. Lang.: English Spanish Other: _____
Marital Status: Single Married Separated Divorced Widowed

Intended Use of Match Funds (PICK ONLY ONE)

What is your intended use of the Family Savings Account match funds?

- Home Purchase Home Improvement/Repair Education for Self/Child/Grandchild
Car Purchase (related to education, business) Business Start-Up

Please Answer the Following

Do you currently work from a monthly budget? ***** Yes / No

Do you currently have a checking account? ***** Yes / No

Do you currently have a savings account? ***** Yes / No

Do you have enough money left at the end of the month to place into a savings account? * Yes / No

I/We certify that the information given to the Housing Authority of County of Butler regarding household composition, income, assets, employment, landlords and credit history is accurate and complete to the best of my/our knowledge and belief. I/We also understand that any false statements or information are grounds for rejection of assistance from the Butler County Family Savings Account Program. The information is collected by the Housing Authority to determine an applicant's eligibility for Butler County Family Savings Account Program. It will be used to provide the basis for managing the programs covered by this form and for verifying the accuracy of information furnished.

Consent: I consent to allow the Housing Authority of the County of Butler to **request and obtain** income, asset, employment, landlord and **credit information** from the sources listed on this form as well as credit bureau(s) for the purpose of verifying my eligibility for the Family Savings Account program.

Print Name: _____

Participant Signature: _____ Date: ____ / ____ / ____

- **NOTE:** An application does not imply nor guarantee entrance into the FSA program. You will be notified as to the status of your application.

Make sure the entire form is completed and mail to:

**Housing Authority of the County of Butler
 C/o: FSA Coordinator
 114 Woody Drive
 Butler, PA 16001**

Do not write past this line.

Preliminary Eligibility: _____ Credit Score: _____

Category: _____ Rating: _____

FSA Program Coordinator: _____ Date: ____ / ____ / ____