



SAVING FOR SUCCESS

BUSINESS & EDUCATION PROGRAMS

Community Action Partnership's IDA Program is now called:
SAVING FOR SUCCESS!

The application period for the "Saving for Success Program" is now open!

- Incomplete applications will not be processed.
- Please refer to the checklist (2nd page) to make sure nothing is forgotten.
- At this time, the program is offering a **1:2 match**.
- Updated dates, location and times for the application workshops will be posted on the County of Riverside Community Action Partnership's Facebook page: www.facebook.com/caprivco and the website www.capriverside.org

Applications are due by 5pm on May 31, 2022

**SUBMIT YOUR COMPLETED APPLICATION & ALL APPLICABLE
SUPPORTING DOCUMENTATION TO:**

County of Riverside Community Action Partnership
ATTN: Saving for Success
2038 Iowa Avenue, Suite B-102 Riverside, CA 92507
Via e-mail: mosantana@capriverside.org



(B/E) Applicant Name: _____

Date: _____



NEW APPLICATION CHECKLIST

Please note: You must provide the following information as it applies to you. Your application will not be processed without this information.

Please review your application thoroughly

- Every** question has been answered
- Signed and date** where necessary

Be sure to submit all of the following

- Completed application (all pages after this check list)
- Letter of support
- Savings goal statement/narrative
- Barrier statement/narrative
- Signed** copy of **2021 FEDERAL INCOME TAX RETURN** (all pages)
- Copies of the last **2 MONTH'S** paystubs from all jobs you currently hold
 - ▶ **Please Note:** Paystubs must be last 2 months from the date application is submitted. NOT date of orientation
- Proof of other income sources: TANF (Cash Aid), SSA, SSDI, Unemployment benefits, food stamps, child support, alimony or any other income not listed on your 2021 tax return
 - ▶ **Please Note:** Proof of other income must be last 2 months from the application submitted.
- Current Profit and Loss statements for all 2021 self-employment income (If applicable)
- Proof of residence: Copy of **most current and active** utility bill (i.e., gas, electric, water) showing a service address (no opening, closing or outdated bills), auto insurance statement or documentation from DMV showing vehicle garaging address, mortgage statement or rental/lease agreement.
 - ▶ **PLEASE NOTE:** Proof of Residence must be most current and active from date application is submitted, NOT date of orientation.

Please keep a copy of your completed application for your records

(B/E) Applicant Name: _____

Date: _____



2022 SAVING FOR SUCCESS APPLICATION

Name (please print): _____
(First) (MI) (Last)

Address: _____

Phone: () _____

E-mail: _____

How did you hear about the Saving for Success (IDA Saving Match) program?

Have you or anyone in your household participated in an IDA program before?

- Yes
 No

Are you a member of a household that is eligible for the **TANF program***?

(Temporary Assistance for Needy families - Cal Works program) Yes No

*TANF participants do not need to meet the less than \$10,000. Net Worth requirement (see page 5). Please provide a current Notice of Action or Passport Report (If applicable).

(B/E) Applicant Name: _____

Date: _____



PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL PLAN YEAR 2022

Is your Adjusted Gross Income (AGI) at or below 200% of the Federal Poverty guidelines?

Please use the chart below for reference. Yes No

| Size of Family Unit or Number in Household | Monthly Income | Annual Income |
|--|-------------------------------------|---------------|
| 1 | \$2,265 | \$27,180 |
| 2 | \$3,052 | \$36,620 |
| 3 | \$3,838 | \$46,060 |
| 4 | \$4,625 | \$55,500 |
| 5 | \$5,412 | \$64,940 |
| 6 | \$6,198 | \$74,380 |
| 7 | \$6,985 | \$83,820 |
| 8 | \$7,772 | \$93,260 |
| 9+ | Add \$393.33 for each person over 8 | |

What is your household size: _____

Household Income for 2022: _____

I certify that the total household income noted above is accurate and true to the best of my knowledge. I understand that I may be requested at any time to provide proof of this income.

Applicant Signature

Date

(B/E) Applicant Name: _____

Date: _____



ESTIMATING YOUR HOUSEHOLD'S NET WORTH:

One of the qualifications for Saving for Success participants, **except TANF recipients**, is their Household Net Worth could not exceed \$10,000 at the end of 2021. Please list of all the Assets owned by you and the members of your household and estimate their market value; then make a list of the balances you and the members of your household owe on the debts and loans (Liabilities); please **do not include** the value of your primary residence and one vehicle from your Household Net Worth.

Net Worth is calculated by subtracting your household's total Liabilities/debts and the value of the household's Assets, **not** including your primary residence and one vehicle. If you will provide the values of your assets and balances of your liabilities, we will calculate the estimated Household Net Worth for you.

| If your Household owns Assets; what is their estimated value? | Assets |
|--|--------|
| <i>Primary Home (does not count toward net worth calculation)</i> | |
| <i>Vehicle 1 (does not count toward net worth calculation)</i> | |
| Second Home 2 | |
| Vehicle 2 | |
| Business Assets | |
| Rental property or land | |
| Available Cash Value of Stocks & Bonds, Retirement Funds, or other Investments | |
| Checking Account balance(s) | |
| Savings Account(s) | |
| Other | |
| | |
| | |
| Total Assets | \$ |
| Subtract Total Liabilities | \$ |
| Household's Net Worth | \$ |

| If your household has debts, How much you do you owe? | Liabilities |
|---|-------------|
| Mortgage(s) 1 | |
| Vehicle 1 | |
| Mortgage(s) 2 | |
| Vehicle 2 | |
| Business Liabilities | |
| Rental property or land loan(s) | |
| Past Due Household Bills | |
| Credit Card Balances | |
| Student Loan Balances | |
| Medical Bills | |
| Unpaid Judgements & Liens | |
| Unpaid Alimony/Child Support | |
| | |
| Total Liabilities | \$ |
| Is your Net Worth less than \$10,000? | |

(B/E) Applicant Name: _____

Date: _____



LETTER OF SUPPORT

Provide a Letter of Support which tell us why you should be selected for the savings program.

- Must be written by an adult (18 years or older)
- The letter may be from family members, friends, neighbors, case workers, clergy, employers, etc. (anyone who has known you for a while)
- The person should indicate in their letter:
 - ✓ Their full name, address, phone number & email address.
 - ✓ Their relationship to you. How long they have known you.
 - ✓ How they will help, support or encourage you to reach your goal.

APPLICANT NARRATIVES

Please answer the following questions in a short essay form. There is no right or wrong way to do this; just be thoughtful and honest in preparing your answer. This statement is an important part of your application. Spend some time preparing your answers. You may answer on a separate sheet of paper (typed, if possible). Remember to include your name.

You are welcome to hand write your answer; please make sure your writing is easy to read.

- What is your Saving for Success savings goal?
 - Business** (Start or expand a Business)
 - Education** (Post-Secondary or Vocational School Education)

1. Why is this goal important to you?

2. What have you done that has prepared you to accomplish this goal?

(B/E) Applicant Name: _____

Date: _____



3. What do you need to do next to prepare to accomplish this goal?

4. How will you save or obtain the rest of the money you need to accomplish your goal?

5. Looking ahead, how will accomplishing this goal change your life in the next 5 years?

Please identify a barrier or obstacle you have overcome in your life

****Write only what you feel comfortable sharing****

1. Please describe the barrier or obstacle:

(B/E) Applicant Name: _____

Date: _____



2. What steps did you take to learn from and overcome this barrier or obstacle?

3. How did your experience in overcoming the barrier or obstacle change your life?

4. How will what you learned from the experience help you succeed in the Saving for Success program?

(B/E) Applicant Name: _____

Date: _____



Customer Intake Form



REV 4/22

CUSTOMER INFORMATION

| | | | |
|-----------|------------|---------------|----------------------|
| LAST NAME | FIRST NAME | DATE OF BIRTH | TODAY'S DATE |
| PHONE | EMAIL | | PROGRAM APPLYING FOR |
| ADDRESS | | CITY | ZIP CODE |

| GENDER | MARITAL STATUS | ETHNICITY |
|--|--|---|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| | | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino |

INDICATE YOUR RACE

| | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Race |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian (White) | <input type="checkbox"/> Unspecified |

INDICATE YOUR HEALTH INSURANCE

| | | |
|--|---|--|
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> State Children's Health Insurance |
| <input type="checkbox"/> Direct Purchase | <input type="checkbox"/> Medicare | <input type="checkbox"/> State Insurance for Adults |
| <input type="checkbox"/> Employment Based | <input type="checkbox"/> Military Health Care | <input type="checkbox"/> Unknown |

INDICATE YOUR EDUCATION

| | |
|---|---|
| <input type="checkbox"/> 0-8th Grade | <input type="checkbox"/> GED |
| <input type="checkbox"/> 12+ Some Postsecondary | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> 2 Year Degree | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> 4 Year Degree | <input type="checkbox"/> Unspecified |
| <input type="checkbox"/> 9-12 Education | <input type="checkbox"/> Vocational School |

| MILITARY STATUS | DO YOU RECEIVE FOOD STAMPS? | ARE YOU DISABLED? |
|--|---|---|
| <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer |

| FARMER | WORK STATUS |
|---|--|
| <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer | <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term (Less than 6 months) <input type="checkbox"/> Unknown |

| DO YOU RECEIVE WIC? | NON-CASH BENEFITS |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> CalFresh/Food Stamps |
| | <input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> WIC |

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:

| | | \$ |
|---|---|--|
| <input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> EITC <input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service - Disability <input type="checkbox"/> VA Non-Service - Disability |

HOUSING STATUS

- | | | |
|---|--|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Own - Mobile Home | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Own | <input type="checkbox"/> Other | <input type="checkbox"/> Temp Stable |
| <input type="checkbox"/> Own - Multi-Family | <input type="checkbox"/> Homeless | <input type="checkbox"/> Temp Unstable |

ADDITIONAL MEMBERS OF YOUR HOUSEHOLD

| | | | | |
|--------------------------------|---|-----------------------|----------------------|-----------------------|
| LAST NAME | FIRST NAME | RELATION TO APPLICANT | DATE OF BIRTH | MALE/FEMALE/ OTHER |
| MARITAL STATUS | EDUCATION (Highest grade completed, If over 18) | HEALTH INSURANCE | ETHNICITY | RACE |
| SERVED IN MILITARY (Yes or No) | FOOD STAMPS (Yes or No) | WIC (Yes or No) | DISABLED (Yes or No) | FARMER (Yes or No) |

| | | | | |
|--------------------------------|---|-----------------------|----------------------|-----------------------|
| LAST NAME | FIRST NAME | RELATION TO APPLICANT | DATE OF BIRTH | MALE/FEMALE/ OTHER |
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| | | | | |
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| | | | | |
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| | | | | |
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| | | | | |
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| SERVED IN MILITARY (Yes or No) | FOOD STAMPS (Yes or No) | WIC (Yes or No) | DISABLED (Yes or No) | FARMER (Yes or No) |

TOTAL HOUSEHOLD SIZE:**TOTAL HOUSEHOLD INCOME:
*FOR EVERYONE IN THE HOME**