

## Savings Match Program Application

**Select One:**

I want to do 6 months of savings       I want to do 12 months of savings

Acceptance in the program is based on funding availability. Applications will be added to the appropriate waiting list in the order they are received and households will be contacted in that order when there is an opening in the program. Participants CANNOT change the amount of months selected once accepted into the program.

<b>Name:</b> _____		<b>Date of Birth:</b> _____	
<b>Street Address:</b> _____			<b>APT#</b> _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>County:</b> _____
<b>Home#:</b> _____	<b>Work#:</b> _____	<b>Ext.</b> _____	<b>Cell#</b> _____
<b>Email:</b> _____			
<b>Current Residence:</b> Own _____	<b>Monthly Mortgage Pmt \$</b> _____	<b>Rent</b> _____	<b>Monthly Rent \$</b> _____
<b>Other</b> (i.e. living with family paying some rent, staying with friends, etc.) _____			
<b>How Did You Hear About the Program:</b> Bank/Credit Union    Employer    Friend    Co-Worker    Relative			
Gov't Agency	Media	CJHRC/CJHRC Lit	Non-Profit
Realtor	Developer	Municipality	Other _____ (Please specify)
Phone Listing	Website		

<b>Place of Employment:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Gross Annual income \$</b> _____	<b>Title</b> _____	<b>Date of Employment</b> _____	
<b>If not employed what is your current situation:</b> Disabled _____ Retired _____ Unemployed _____ Other _____			

<b><u>Please Provide the Following Information About You and Your Dependents</u></b>				
Name _____	Relationship _____	Age _____	Male _____	Female _____
Name _____	Relationship _____	Age _____	Male _____	Female _____
Name _____	Relationship _____	Age _____	Male _____	Female _____
Name _____	Relationship _____	Age _____	Male _____	Female _____
<b><u>Family Category:</u></b>				
Divorced	Divorced w/ch	Single	Single w/ch	Single w/rel
Living w/other	Separated	Separated w/ch	Widowed	Married
				Married w/ch
				Widowed w/ch
<b><u>For Statistical Purposes Only:</u></b>				
<b><u>Are You Hispanic?</u></b> Yes _____    No _____				
<b><u>What is Your Racial Group?</u></b>				
<b>Race/National Origin:</b> _____	Asian	_____	Amer Indian/Alaskan Native & White	
	Asian and White	_____	Amer Indian/Alaskan Native & Black	
	Black/African American	_____	Native Hawaiian/Other Pacific Islander	
(optional)	Black/African American & White	_____	Chose not to Respond	
	White	_____	Other Multi Racial	
	Amer Indian/Alaskan Native	_____	Chose Not to Respond	

How Would You Describe Your Credit History Over the Last 3 Years:

\_\_\_\_ Excellent (651 score or higher)      \_\_\_\_ Good (600 -650 Score)  
\_\_\_\_ Fair (550-599)      \_\_\_\_ Poor (under 550)      \_\_\_\_ Not Established

Have you ever filed a Bankruptcy Petition? \_\_\_\_ Yes      \_\_\_\_ No  
If Yes, what month & year did you file? \_\_\_\_\_ If Discharged, what month and year? \_\_\_\_\_

Have you applied for a loan in the last 3 years? Yes \_\_\_\_ No \_\_\_\_  
If yes, were you given the loan? Yes \_\_\_\_ No \_\_\_\_  
What type of loan was it and for what? \_\_\_\_\_

If you were denied for a loan in the last 3 years, What was the reason? \_\_\_\_\_  
\_\_\_\_\_

Are you currently participating in a debt management program? Yes \_\_\_\_ No \_\_\_\_  
If yes what is the name of the agency (i.e. CCCS of NJ, New Jersey Debt Counseling of America, Genesis, etc.)  
Agency Name \_\_\_\_\_ Date you started with Program \_\_\_\_\_

## Savings Match Program – Terms and Conditions

**In order to participate in the Savings Match Program and receive the match funds from the Central Jersey Housing Resource Center, all applicants agree and understand that they must abide by the following terms and conditions:**

1. Live in Somerset, Hunterdon or Warren County
2. Have liquid assets (i.e. savings account, checking account, CD's, money market etc.) valued at \$6,000 or less
3. Have a consumer debt to income ratio of 25% or less of your gross income at the time of application. **(We reserve the right to require you to show your credit report and/or credit card statements halfway through the program to ensure your debt is declining. If your debt to income ratio is higher at the halfway point or at completion of the program than it was at the beginning you will be disqualified from the program and unable to receive your match funds.**
4. Meet the following income requirements (80% of the area median income):

Persons in family	Income Limit
1	58,800
2	67,200
3	75,600
4	\$84,000
5	\$90,720
6	\$97,440
7	\$104,160
8	\$110,880

5. Open a dedicated savings account with the bank of your choice and make monthly deposits in the amount of \$25.00 for 6 or 12 consecutive months and provide proof to my CJHRC counselor each month that the deposit has been made. **If any month is missed or if any withdrawals are made you will be unable to continue the program and will lose access to any match funds.**

Please indicate below how you will apply the CJHRC savings match funds:

**If you choose 'other' please explain on a separate sheet of paper how you will use the money and provide documentation showing the amount of the expense.**

- |       |  |       |   |
|-------|--|-------|---|
| _____ | Needed car repairs   | _____ | Pay down existing credit card debt                    |
| _____ | Pay down existing loan debt (student loan, charge offs, fines, legal fees, etc.)                       | _____ | Pay health related expenses – existing or anticipated |
| _____ | Pay towards security deposit or 1 <sup>st</sup> months rent (Within 90 days of completing the program) | _____ | Other (please explain)                                |

### **DOCUMENT CHECKLIST**

Please submit the following documentation along with you completed application.

1. A copy of your credit report from one of the three credit reporting agencies. If you do not have one you can go to [www.annualcreditreport.com](http://www.annualcreditreport.com) and receive a free copy or you can also try one on the following: [www.creditkarma.com](http://www.creditkarma.com), [www.quizzle.com](http://www.quizzle.com), [www.creditsesame.com](http://www.creditsesame.com) or [www.mint.com](http://www.mint.com).
2. Copies of four (4) current and consecutive pay stubs.
3. Copies of two consecutive months of current checking and savings account statements (all pages).

By signing, I understand that my application will be reviewed and I will either be accepted or denied to participate in this program based on this review. **I agree that if I am accepted in the program I will make monthly deposits in the amount of \$25.00 into a savings account for a period of 6 months or 12 months systematically. Any missing monthly deposit will result in my not being able to continue to be in the program.** In addition, I will submit a copy of my completed budget to my CJHRC counselor on a monthly basis (either in person or by email) to my CJHRC counselor on a monthly basis (usually within 5 days of the new month - unless a hardship can be proved). At the time of budget review I may need to prove all expenses either with receipts or some other form of expense documentation. Any missing monthly budget submission to my CJHRC counselor will result in my not being able to continue to be in the program. Any changes in my employment, income, housing, etc. will be communicated immediately to my CJHRC counselor. Also, I understand that I will need to complete the program with lower balances on all existing credit cards/loans etc. and have not applied for any new debt. To determine if I am on track I will need to provide my CJHRC counselor with updated credit card statements or an updated credit report halfway through the program to show you have not taken on more credit/debt.

I understand that at the time I am provided with the match funds the check will be made payable to the appropriate entity/entities that meet my goal(s) based on my initial application (unless a hardship can be proved). Match payment funds will be limited to a maximum of \$600 for a six month program or \$1200 for a twelve month program. I understand that I cannot reapply for 36 months after completion of the program. Only one participant per household can participate in the savings match program.

I/We understand that CJHRC is expressly relying on information contained herein in deciding to approve this application. I/We warrant and represent that the information provided is true and complete. I/We agree to notify CJHRC promptly of any changes in the information provided herein including filing for bankruptcy, foreclosure or any other significant changes to income, debt or financial status. Failure to do so could result in my termination in the program and my loss of matching grant funds. I also give CJHRC permission to make any inquiries it deems necessary to confirm the validity of the information provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_