

Rural Montana Saves
APPLICATION FORM

To ensure you provide information necessary to approve your application for Rural Montana Saves, please read the Rural Montana Saves Frequently Asked Questions (FAQ) document provided with this application before completing.

Date of Application: _____

PERSONAL INFORMATION

Name: _____ Social Sec. No.: _____ - _____ - _____

Gender: Female Male Date of Birth: ____/____/____ E-mail: _____

Race/Ethnicity: African American Caucasian/White Hispanic
(check all that apply) Asian American Indian or Alaskan Native Hawaiian or Pacific Islander

Citizenship or Work Authorization: U.S. Citizen Eligible Non-Citizen (How? _____)

If you are a male born after January 1, 1960 have you registered for the U.S. Selective Service? YES NO

Registration # _____ Date _____

Are you a Veteran of the U.S. Military? YES NO Branch _____ Discharge Date _____

How did you hear about the *Rural Montana Saves Program*? _____

CONTACT INFORMATION

APPLICANT (Provide the physical address of the location/household in which you live now)

Street: _____ Apartment/Lot #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____)_____ Work Phone: (____)_____ Cell/Pager: (____)_____

Rent Homeowner County of Residence: _____

Landlord/Mortgage Co. Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: (____)_____

Provide a mailing address where you can always receive mail (if different from above).

Street or Box #: _____ Apartment/Lot #: _____

City: _____ State: _____ Zip Code: _____

HIGHEST LEVEL of EDUCATION COMPLETED

Choose one:

- Grades K through 12 - Completed Grade
High School Diploma/GED
Attended college, did not complete
Completed Associate's Degree (2 year)
Completed Bachelor's Degree (4 year)
Completed professional or graduate degree

Are you currently enrolled in a post-secondary education or training program? Yes No

If currently enrolled, list Name and Location of school

EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT STATUS: Employed Unemployed (if so, answer the questions below)
Currently receiving unemployment payments? Yes No
Have used all benefits? Yes No

To determine your eligibility, we may need to contact your current employer to verify your income.

Current Employer: Phone:

Address:

City: State: Zip Code:

Supervisor's Name: Phone #: ()

Hours Per Week Pay Per Hour Start Date of Current Employment

LIST PREVIOUS EMPLOYMENT

Employer: Phone:

Address: City:

State: Zip Code: Supervisor's Name:

Approximate Dates of Employment to

Employer: Phone:

Address: City:

State: Zip Code: Supervisor's Name:

Approximate Dates of Employment to

HOUSEHOLD INCOME INFORMATION

SOURCES OF INCOME	LAST MONTH	If high or low last month, AVERAGE MONTH	LAST YEAR
Wages from Employment	\$ _____	\$ _____	\$ _____
Income from Self-Employment <i>(income earned directly from your formal or informal business, not a wage)</i>	\$ _____	\$ _____	\$ _____
Public Assistance Payments – Any government assistance paid directly to the household, like TANF Cash Assistance, Unemployment, Supplemental Security Income (SSI), BIA General Assistance). Indicate payment type(s): _____	\$ _____	\$ _____	\$ _____
Pension or retirement income, including Social Security and Veteran’s Retirement: _____	\$ _____	\$ _____	\$ _____
Child support payments you receive	\$ _____	\$ _____	\$ _____
Alimony payments you receive	\$ _____	\$ _____	\$ _____
Income or support you receive from parents or other family members	\$ _____	\$ _____	\$ _____
Income, support or gifts you receive from Unrelated Household members or friends	\$ _____	\$ _____	\$ _____
Interest/Investment income (from savings, etc.)	\$ _____	\$ _____	\$ _____
Other source(s) of Unearned income (list all) _____ _____ _____ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Please provide documents that will help verify your income: pay stubs, W-2 Statements, U.S. Tax Returns, Child support check copies, records of payments to you, etc.			

FINANCIAL STATUS INFORMATION

Do you own a vehicle(s)?	<i>(Select One)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other transportation to meet your work or educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a savings account (other than an IDA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or another household member have past due housing or utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have outstanding student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or other household members have outstanding medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have automobile insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving Temporary Assistance for Needy Families (TANF) cash assistance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently sanctioned from Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving Supplemental Security Income (SSI) cash payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

APPLICANT CERTIFICATION

Please note: all information requested on this application will be kept confidential, except where allowed by a signed Authorization for Release of Information for purposes described on the release.

My signature below certifies that all information on this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Applicants under the age of 18 must have the consent of a parent or guardian.

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the *Rural Montana Saves Program*.

Name of Participant: _____

Signature of parent/guardian: _____ Date: _____

Relationship to Participant: _____

We must verify the identity of the applicant and each of the applicant's household members. Please submit copies of the following documents for yourself (*any that you have, these verify your identity and citizenship status*) **and for other household members** (*one or more documents for each member, these verify identity*):

- Driver's license or state-issued photo identification
- ID card issued by a branch of the U.S. Military, federal, state, or local government agency
- U.S. Social Security Card
- Birth Certificate
- Voter Registration Card
- U.S. Passport (unexpired)
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Alien Registration Card with Photo
- Native American Tribal Document

For persons under age 18 who are unable to present a document listed above:

- School record or report card
- Clinic, doctor, or hospital record

We must also verify the income and housing status stated in this application. Please submit ALL copies of the following for you and each of your household members with your completed application:

- Recent paystub, W2, 1099 forms and/or most recent tax return
- Authorization for Release of Information and Referral
- Current Rent/Mortgage receipt or statement
- Current Utility Statements; gas, electric, water

PLEASE MAIL THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Rural Montana Saves
Rural Employment Opportunities
PO Box 831
Helena, MT 59624

NOTE: You may also ask for assistance in submitting your application through a participating local credit union, a Student Assistance Foundation Outreach Counselor or an REO case manager.

QUESTIONS:

If you have a question on how to complete any part of this application, please contact Rural Montana Saves Project Coordinator, at 1-800-546-1140 or by e-mail to: rmsinfo@reomontana.org

Rural Montana Saves is a project of Rural Employment Opportunities, Montana Credit Unions for Community Development, Student Assistance Foundation, Montana State University – Extension Services and Local Credit Unions with funding from the State of Montana Department of Public Health and Human Services – Family Economic Security Program.

