



To: Family Savings Account (FSA) Applicant

From: Harriet Gibbs, FSA Manager, M-F, 9 am - 4 pm
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Thank you for your interest in the Family Savings Account Program (FSA). After processing your application, we will phone you to set up an appointment. **Only applications that include income proof from your Eligibility Months will be processed.**

Application Instructions

1. PLEASE read the *Frequently Asked Questions* page & rules carefully. Call if you have questions or your family has over five members. Complete all sections and sign the **two (2)** signature locations.
2. Eligibility Months = The **12 months just before your application date - in both 2009 and 2010.** Complete the **Eligibility Months Chart** (next page) now. Understanding Eligibility Months is important.
3. List all Social Security or assistance income in "**Excused Income**" in Step 3 only. Do not include excused income in the box for Step 1, but do complete Steps 1A and 1C. Write "n/a" when applicable.
4. Your Net Worth **must be under \$10,000** and excludes 1 car & 1 residence, but any mortgage or debts may be listed in the liabilities column. Verify worth of a second car at www.kbb.com - print & include.
5. Return completed application, all income documentation, and asset worth statements to:
 - **NHCO, Attn: FSA, 416 Lincoln Avenue, Pittsburgh, PA 15209** or fax to: **412-821-5480**
 - Need another Application? Download at: www.nhco.org (search term: FSA)

FSA Program Goals & Rules

1. Build Assets 2. Build a Saving Habit 3. Build Financial Knowledge

- You may pick any saving goal amount up to \$2000. (First you save \$2000, then we MATCH \$2000) No MATCH is paid until your savings are completed. (you save \$2000 - then - we MATCH \$2000)
- Choose one of the following spending goals for **both** your savings and match money:
Home Purchase, **H**ome Repair, **B**usiness, **E**ducation, or **C**ar Purchase.
- **The State of Pennsylvania requires a \$40 minimum deposit each month.**
 - Savers who do not make a deposit each month are terminated from the program.
 - Please note: \$40 x 24 months = **\$960** and \$40 x 36 months = **\$1440**. Additional deposit(s) must be made to reach a \$2000 goal. Larger monthly deposits are optional; your choice in the contract.
- FSA savers must complete Financial Education class(s) and requirements which include: expense tracking, a final budget, and obtaining a credit report. (credit report may be waived by NHCO)
NHCO requires FSA savers to meet with an FSA Savings Coach as needed.
- All deposits and financial education requirements must be completed by the saver's GOAL DATE.
 - **Goal Date:** 36 months from the day the account is opened.
- FAST TRACK for \$2000 match: The program may be completed in 12-months-plus-one-day. This is done by monthly deposits of \$83 for 12 months, plus one large deposit (like EIC) of \$1000 the first day of the second 12-month-period.
- **No saver may make deposits over \$1000 per each 12-month period.**
- When your goal is met, both the financial partner with your savings account and NHCO will issue checks **MADE OUT TO THE VENDER** providing you with goods or services.
- FSA financial partners do not charge monthly fees for accounts of active FSA participants.
 - Withdrawals (emergency or otherwise) must be approved by NHCO. (usually only a phone call)
 - A saver who makes a withdrawal without approval is terminated from the program.
- Qualifying for the FSA program is done once per saver, per contract. Raises after qualifying are O.K.!

Frequently Asked Questions about the FSA Program

ELIGIBILITY CRITERIA: Income includes all salaries, wages, dividends, interest, unemployment, cash, rent, and royalties received by **all** members of the household in the previous 12 months. Welfare payments or any Social Security income is not counted as "income." Not counted as "household members" are persons such as lodgers, foster children/wards, or employees who reside in the household; unless you "support" them - use tax standard.

FSA Income Limits 2010 - effective 5/17/10

# in Household >>>	1	2	3	4	5	6	7
Allegheny, Beaver, Butler, Fayette, Washington, Westmoreland	\$35,300	\$40,350	\$45,400	\$50,400	\$54,450	\$59,060	\$66,540
Crawford & Venango, Lawrence	\$30,350	\$34,650	\$39,000	\$44,100	\$51,580	\$59,060	\$66,540
Mercer	\$30,150	\$34,450	\$38,750	\$44,100	\$51,580	\$59,060	\$66,540

HOUSEHOLD NET WORTH may not exceed \$10,000. Net worth is the total **market value** of all assets owned in whole or in part by any members of the household; **minus** the debts owed by the household; excluding one vehicle and one primary dwelling unit or residence.

- 1. Who funds the FSA program?** This 8-year-old program is known in the U.S. as the **IDA program**. It's a grant financed by the federal government's "**Individual Development Account**" program and state funds. In PA, it is supervised by the Department of Community & Economic Development and serviced through non-profit agencies throughout the state.
- 2. I only have Social Security Income, and my daughter gets TANF. Do I qualify?**
Yes. All Social Security and government assistance income is not counted toward total income.
- 3. When do I get the money?** AFTER you have saved to your chosen goal amount.
- 4. Is the money I save in the FSA savings account mine, or can I lose it?**
You cannot lose it. The ownership of the account - and money you save in it - is **ALWAYS YOURS**.
- 5. Can I pay off student loans or my mortgage with FSA match money?** Sorry, no.
- 6. Why can't I use my Tax Return as proof of Income?** A Tax Return usually covers the **wrong months!**
- 7. What proof do I need to copy and send to NHCO with my application?**
Rent or Royalties: tax return & 2010 statements. Assets: End of tax year "worth statements"
Social Security, Welfare, & Unemployment: Agency Award letters from both 2009 & 2010.
Child custody and Alimony: Court documents - for both years if applicable due to changes.
EMPLOYMENT: **OPTION 1:** Employer summary printout of the 12 Eligibility Months.

OPTION 2: Submit the following 3 pay stubs [must show Year-to-Date (YTD) total for gross pay]:

Part #1: For 2010, your most recent pay stub. —————→ Pay stub #1

Part #2: For months in 2009:

1. Last pay stub from 2009. —————→ Pay stub #2

2. Last pay stub from the month **BEFORE** your Eligibility Months begin. —→ Pay stub #3 (box below)

Eligibility Months: **1. Underline** current month. **2. Circle** ALL 12 months **BEFORE** the underlined month (left, back in time). **3. Box** the month **BEFORE** your last circle (month to left).

Jan 09	Feb 09	Mar 09	April 09	May 09	June 09	July 09	Aug 09	Sept 09	Oct 09
Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	April 10	May 10	June 10	July 10	Aug 10
Sept 10	Oct 10	Nov 10	Dec 10	The 12 CIRCLED months are your Eligibility Months.					



How to calculate your 2009 income on application: (use pay stubs #2 & #3)

YTD total on last 2009 pay

MINUS

Boxed month's YTD

= 2009 income



FSA Application

All information requested in application will be kept protected and confidential

Application Date: _____ 2010 (void after 90 days) App rvd @ NHCO: _____

Have you been enrolled in the FSA Program before?: Yes No Did you receive match?: Yes No Amount ? _____

Total # in Household: _____ # children 17 & under: _____ SS# _____

Name: _____ Date of Birth: _____ - _____ - _____ Age: _____

Street: _____ City: _____ Zip: _____

Home #: _____ cell # _____ E-mail: _____

Advise us about calling you: Which # _____ Best time? _____

Emergency contact # & name (not at same address): _____

Current Location of Residence: Rural Urban Inner City County: _____

Single Married Separated Divorced Widowed Ethnicity: _____

Education - highest level attended: _____ Completed: _____ Do you smoke? _____

Single Single Parent Single Living with Parents Living with Spouse/Significant Other Living with Spouse/Children

How did you hear about the FSA Program? _____

What is your religious affiliation? _____

Did you receive an Earned Income Credit (EIC) on your tax return: yes no Amount = \$ _____

Did you pay to have your taxes done? yes no Amount paid = \$ _____

OTHER THAN YOURSELF, list dependants as claimed on your taxes and others in household.

Name	Age	SS#	Relationship

MATCH USE :
 Buy a home
 Home Repair
 Business
 Education
 Car Purchase

MATCH WANTED \$ _____ **Will save \$** _____ **Monthly** **Direct Deposit?** Yes No

EMPLOYMENT Full Time Part Time Homemaker Disabled Retired
 Student Unemployed

Occupation(s): _____ Employer: _____
 Can we call you at work? _____ Phone # _____ When? _____

Office Use: Total Income = \$ _____ SS Income = \$ _____ FPL = _____ Cnty _____ C# _____

Date Account Opened _____ **Amount** _____ **Bank** _____ **Ac #** _____

Step 1: Complete Steps 1A & 1B & 1C before completing this page. (on page 3 of 3)

Write the total from 1B below.

Do not include assistance or Social Security income in this box. (list in Step 3 only)

TOTAL INCOME =

Total in Household =

Step 2: (Net Worth - Do you or anyone in our household have/ own:

A home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	one excluded - 0	Mortgage \$	_____
A 2 nd home or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$	Mortgage \$	_____
A vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	one excluded - 0	Loan - debt \$	_____
A 2 nd vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$	Loans - debt \$	_____
A Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$	Loans - debt \$	_____
Rental property or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$	Loans - debt \$	_____
401k, other investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$		
A checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$		
A savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$		
Past due bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Past due & type \$	_____
Do you have Credit card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of cards <input type="text"/>	Card 1 \$	Interest rate _____
		List debt from all cards which is older than 30 days	Card 2 \$	Interest rate _____
			Card 3 \$	Interest rate _____
Student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Loans - debt \$	_____
Medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Loans - debt \$	_____
Family/Friend loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount owed \$	_____
Total Assets: \$ _____			Total Liabilities: \$ _____	

Total Net Worth (Total Assets minus Total Liabilities): \$ _____ Under \$10,000? Yes No

Step 3: Excused Income - Include all Social Security and Government assisted income. Do not include this income in the TOTAL INCOME in Step 1. Attach a separate sheet if needed, mark it Step 3.

Income proof must be provided for BOTH 2009 & 2010.

Social Security &/or Gov. assistance	Recipient's Name	Amount	Is Social Security Administration or other Gov. document included? Which document?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

= **Total Excused Income**

All information regarding household income and assets are true to the best of my knowledge.

All applicants must sign here!

Date: _____

Step 1A Answer ALL questions in this step.

“YOU” in these questions means: the applicant and all household members.

1. How many in your household have employment income? Unemployment income
2. Do you have or receive income from: IRA, Retirement acct., or Pension? Investments?
 CDs, annuities, savings bonds, or stock? Do any of these have a cash-in value?
 List each account's income separately below. Submit a statement of worth (as of last tax return) or 1099-R, and list any cash-in value(s) as a total in the Asset column on page 2 (401k, other investment)
3. Do you receive Child Support? Alimony?
4. Do you receive property or land rental income? Royalty income?

Step 1B (All income that is NOT Social Security or Welfare income)

- List all income earners and employers separately. List all Eligibility Months income for household. List 2009 and 2010 income separately (unless you have an employer summary printout). Fill in “Verification Document dates” for each of the 3 YTD pay stubs - see example.
 - Fill in “Dates of Hire” for each employer in the “Dates” section. (for each earner)
- List income from: unemployment, child support, alimony, investments, rental, royalty or any other income. List each income type separately. List the begin & end dates for each income in the “Dates” section.
- USE SEPARATE PAPER IF MORE ROOM IS NEEDED - Label it “Step 1B”.

Income From	Person receiving	Amount	Verification Document dates.
Example <i>John Deer Co.</i>	<i>Cindy</i>	\$ 5911.73	12-28-2005 YTD minus 6-30-2005 YTD Income for July 05' thru Dec 05' [If applying in July 2006, this proves the 05' income. Income from 2006 should be then listed on next line.]
Dates: <i>Employed: 1/24/2003 to now</i>			
		\$	
Dates:			
		\$	
Dates:			
		\$	
Dates:			
		\$	
Dates:			

TOTAL = Place this total in Step 1

Step 1C Answer EACH question with “yes” or “no” - then sign.

- I will **NOT** receive match money until I save/reach my goal-amount, which will take 12 to 36 months.
- I must make a deposit of at least \$40 monthly until I reach my goal-amount.
- I may not deposit more than \$1000 in any 12-month period (begins on account opening date).
- Money in my FSA savings account is ALWAYS mine; but, withdrawals must be approved.

Sign: _____ **Date:** _____