A close up of a sign

Description automatically generated NeighborWorks Great Falls Matched Savings

Please indicate which program you are applying for (Check Only One Box for Matched Savings):

Matched savings for homeownership

Matched savings to establish emergency savings Staff only:

Yes, I need the emergency financial support Amount needed: .....................

**APPLICANT INFORMATION** (all other required documents will be submitted in your client portal)

**Name**: ............................................................................................................................................

Last Name First Name Middle Initial Suffix

**Address**: ........................................................................................................................................

Street Address Apartment/Unit # City State Zip Code

**Home Phone**: .............................. **Alternate Phone**: ............................... **Email**: ................................

|  |  |
| --- | --- |
| **List Occupants in Household** | **Relationship** |
|  |  |
|  |  |
|  |  |
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Please provide a short narrative of your need or request for the program:

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**INCOME**

**Gross Annual Income Amount:**......................................................

**As of Date**: ....................................

**Documentation Method:**

 Pay Stub  W-2-wages

 1099-wages  Other: ..................................................

**OTHER INCOME**

**of Income Yes/No Annual Amount**

**Alimony Payment**  Yes  No

**Child Support**  Yes  No

**Supplemental Security Income (SSI)/**

**Social Security Disability (SSDI)**

 Yes  No

**Supplemental Nutrition Assistance**

**Program (SNAP)/Food Stamps**

 Yes  No

***Household*** refers to all individuals who share use of a dwelling unit as

primary quarters for

living and eating,

separate from other

individuals.

► ***Adults*** refer to

individuals age 18 or

older, including the

applicant, living in the

household.

► ***Children*** refer to

individuals under the

age of 18 living in the

household.

****

**ASSETS**

**Asset Type Yes/No Value Balance Due**

**Own principal residence**  Yes  No **Own other homes**  Yes  No

**Business ownership**  Yes  No

**Investments** (e.g., cash out  Yes  No

value of 401(k), IRA, stocks, or

other investment as of date of Balance: ............................................

applicant enrollment)

**Checking Account**  Yes  No Balance: ............................................

**Savings Account**  Yes  No Balance: ............................................

**Vehicles**  Yes  No

Fill out the following information if the applicant owns a vehicle(s):

**Vehicle No. Value Balance Due Year/Make Model Mileage**

**Vehicle 1** (primary) Balance: ............................................

**Vehicle 2** Balance: ............................................

**Vehicle 3** Balance: ............................................

**LIABILITIES**

**Liability Yes/No Balance**

**Outstanding Bills Past Due**  Yes  No Balance: ............................................

(excluding those listed below)

**Student loan outstanding balances**  Yes  No Balance: ............................................

**Medical bills outstanding balances**  Yes  No Balance: ............................................

**Personal loan outstanding balances**  Yes  No Balance: ............................................

**Credit card outstanding balances**  Yes  No Balance: ............................................

**Payday loans**  Yes  No Balance: ............................................

**All other liabilities**  Yes  No Balance: ............................................

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