

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

All Proof of Income

**Saving Circle  
Application Form:**

*Please note: all information from this application form will be kept confidential within NorWest Co-op Community Health and the ABP Network Coordinator. Much of the personal and financial information collected on this form is necessary only for evaluation purposes.*

**PLEASE PRINT**

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
First Last Middle Initial

**Address:** \_\_\_\_\_  
Apartment Number House Number & Street Name

\_\_\_\_\_  
City Province Postal Code

**Phone:** \_\_\_\_\_  
Home Work Cell/ Messages

**Email:** \_\_\_\_\_

**Gender:**  Female  
 Male  
 \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
yyyy / mm / dd

**Have you or anyone in your household ever participated in an IDA or Saving Circle Program?**  No  Yes → which program, when, & where? \_\_\_\_\_

**Have you ever participated in any of the following SEED programs?**

Money Management Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learn\$ave	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Worker Ownership Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fresh Hope	<input type="checkbox"/> Yes <input type="checkbox"/> No
Build-a-Business Program (BAB)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building Blocks	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Including Métis BAB, Aboriginal BAB, or Youth BAB Programs

## HOUSEHOLD INFORMATION

Please check all that apply to you. Please note: For children per household, children must currently be living with you. If your children live with you part of the time, please speak to coordinator before completing this section.

**Family Status:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Single (Never married)                                 | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married (Includes common-law & same-sex relationships) | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Divorced   |                                    |

**Single Parent Household**

- 1 or 2 children
- 3 or 4 children
- 5 or 6 children
- 7 or more children
- Child with disability

**Two Parent Household**

- 1 or 2 children
- 3 or 4 children
- 5 or 6 children
- 7 or more children
- Child with disability

**Who Lives in Your Household? \*\*Please include yourself\*\***

	<u><b>Name &amp; Relationship to You</b></u> <i>(Spouse/partner, son, daughter, roommate, aunt, parent, etc.)</i> <b>**Don't forget to include yourself**</b>	<b>Age</b>
<b>Person 1</b>	-Myself	
<b>Person 2</b>		
<b>Person 3</b>		
<b>Person 4</b>		
<b>Person 5</b>		
<b>Person 6</b>		
<b>Person 7</b>		
<b>Person 8</b>		
<b>Person 9</b>		

**Money Management sessions for 2017 will be running:**

**Westbrook**

MONDAYS 1:30-3:30PM (Last session on a TUESDAY)

@ Weston Memorial Community Centre (1625 Logan Ave)

April 24th to June 27th

**\*Applications due Monday, April 10th 2017**

**Gilbert/Shaghnessy Park**

MONDAYS 1:30-3:30PM

@ Access NorWest (785 Keewatin Street)

September 11th to November 27th

**\*Applications due Friday, September 1<sup>st</sup> 2017**

**Which group would you like to apply for?**

- Westbrook
- Gilbert/Shaghnessy Park

**Do you require childcare?**

- Yes
- No

**If yes how many children and what is(are) their age(s)?**

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**Do you identify as any of the following?**

**Please check off all that apply to you:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aboriginal / First Nations Status | <input type="checkbox"/> Newcomer/Landed Immigrant   | <input type="checkbox"/> Youth at Risk                   |
| <input type="checkbox"/> Aboriginal Non-Status             | <input type="checkbox"/> Came to Canada as a Refugee   | <input type="checkbox"/> Person Living with a Disability |
| <input type="checkbox"/> Métis                             | <input type="checkbox"/> Visible Minority (for example: Asian, South American, Caribbean, African) | <input type="checkbox"/> Inner City / North End Resident |
| <input type="checkbox"/> Inuit                             |  | <input type="checkbox"/> LGBTTTQ                         |
|  |  | <input type="checkbox"/> Previous qualified applicant    |

Other: \_\_\_\_\_

## LANGUAGE INFORMATION

**If English is an additional language for you, please answer the following:**

What is your first language? \_\_\_\_\_

What are your Canadian Language Benchmark Levels?

Speaking

Listening

Reading

Writing

Will you need a **free** interpreter to fully participate in the program?

Yes

No

What language should an interpreter speak to help you? \_\_\_\_\_

Our staff will need to contact you by telephone during the program. If talking on the telephone is difficult for you please give us the name and phone number of a friend or family member who we can talk to or leave messages with about your application and participation in the program.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT STATUS

**Please check off all that apply to you:**

Employed full-time

Employed part-time

Laid off, waiting for call back

Other: \_\_\_\_\_

Currently seeking employment

Not currently seeking employment

Currently in school or job training

## INCOME INFORMATION

**If you are receiving social assistance, please give the following information:**

Case Number: \_\_\_\_\_ Name of Case Coordinator: \_\_\_\_\_

Office Location: \_\_\_\_\_

**Please Note: Household members include everyone living in the same home as you who is related by blood, marriage, adoption, guardianship / foster care, including common-law or same-sex relationships. This includes all family members who share your home (children, parents or grandparents, stepparents, aunts or uncles, cousins, etc.). It does not include roommates.**

TYPE OF INCOME	MONTHLY INCOME
Employment wages or salary	\$
Self-employment (after expenses)	\$
Employment Insurance	\$
Social Assistance (EIA)	\$
Child Support (from other parent)	\$
Refugee Assistance	\$
CPP Disability	\$
Private Disability Insurance	\$
CPP and/ or GIS	\$
Pension or retirement income	\$
Training Allowance	\$
Money from friends or family	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>
Subtract any <u>unusual or extraordinary</u> expenses you have, such as <b>large, long-term</b> medical expenses, paying child support, or supporting family in another country ( <b>PLEASE SPECIFY</b> )	- \$
<b>NET INCOME</b>	<b>\$</b>

**ASSETS & LIABILITIES**

	PLEASE CIRCLE		
	Do you have any bank or credit union saving accounts?	No / Yes	Amount in accounts:
Do you own a home?	No / Yes	Value of home:	\$
		Outstanding mortgage:	\$
Do you own a vehicle(s)?	No / Yes	Value of vehicle(s):	\$
		Outstanding vehicle loan(s):	\$
Do you own a business?	No / Yes	Value of business:	\$
		Outstanding loan(s):	\$
Do you have other assets? (RRSP, RESP, stocks, GICs, etc.)	No / Yes	Value of assets:	\$
		Type of assets:	
Do you owe money to friends or family?	No / Yes	Amount you owe:	\$
Do you have any household bills that have gone to collection?	No / Yes	Amount past due:	\$
Do you have outstanding student loans?	No / Yes	Amount outstanding:	\$
		Are you currently making payments?	No / Yes
Do you have other debts?	No / Yes	Amount of debt:	\$
		Are you currently making payments?	No / Yes

### Proof Of Income

You **need to include all household proofs of income to complete this application form.** This can include things like; Budget Letter, Child Tax Summary, resent pay stub, Canada Pension Plan Confirmation Letter, Resettlement Assistance Program Statement, etc. Please see examples attached to application form.

- Included **all Household** Proof of Income

### YOUR GOALS

**Please explain why you are interested in being part of the Saving Circle Program.**

1. What asset do you want to save for?

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2. Why do you want to save for this asset? How will this asset benefit you and / or your family?

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3. What steps have you already taken toward reaching your goal?

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How much do you think you could afford to save each month? \$\_\_\_\_\_

How did you hear about the Saving Circle Program? \_\_\_\_\_

**Please answer based on how you feel about the following situations as they relate to you.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I live in risky living conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have emotional supports available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have financial supports available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have moved frequently in the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use pawnshops or cheque cashing outlets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use banks or credit unions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to attain my goal without this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be able to reach my savings goal in the given time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have <u>successfully</u> saved for a large purchase in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## REFERRAL TO ASSETBUILDERS PARTNERS

### AssetBuilders Partnership

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Urban Circle Training Centre</li><li>• Ma Mawi Wi Chi Itata Centre</li><li>• Nor'West Community Health</li><li>• MacDonald Youth Services</li></ul> | <ul style="list-style-type: none"><li>• Villa Rosa</li><li>• PluriElles</li><li>• IRCOM</li><li>• Rossbrook House</li></ul> | <ul style="list-style-type: none"><li>• Fort Garry Women's Resource Centre</li><li>• Society for Manitobans with Disabilities</li><li>• BUILD</li><li>• SEED Winnipeg</li></ul> |
|---|---|---|

As a member of the *AssetBuilders* Partnership, NorWest works with a network of community organizations located in Winnipeg and across the province to deliver IDA and Saving Circle programs to Manitobans. If NorWest is unable to accept your application during this intake due to the limited number of spots in our programs, we may be able to refer you to one of the matched savings programs run by our partners. Please sign below if you would like to give NorWest permission to share your application information for the purpose of referring your application.

By signing below, I give NorWest permission to share information about my application, including copies of this application, my proof of income documents, the notes from my application meeting, and Norwest's assessment of my application with any of the *AssetBuilders* partners listed above. I understand that the *AssetBuilders* partners will use any referred information for the purpose of considering my application for a spot in their Asset Building Programs. If NorWest refers my application to another organization, I understand that NorWest program staff will contact me to inform me about the referral.

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

## PRIVACY

NorWest Co-op Community Health will keep private all the information in this application. NorWest Co-op Community Health will not sell or trade your information to other people or



organizations. Any time we need to share your information with someone else, we will get your written or verbal consent first. For more information, please ask for a copy of our Privacy Policy.

**Privacy Consent:** When you sign below, you give NorWest Co-op Community Health permission to collect and keep the information in this form. Your signature also means that you understand NorWest Co-op Community Health Privacy Policy and agree to it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CERTIFICATION

All the information I have given in this form is accurate and complete to the best of my knowledge. I understand that the Saving Circle Program may ask for more information to add to this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail/return completed application during regular business hours to:

Brenna King  
Asset building program facilitator



**NorWest Co-op**  
COMMUNITY HEALTH

785 Keewatin  
Winnipeg, MB R2X 3B9

Ph: 204-782-8793  
Fax: 204-938-5994  
Email: [bking9@norwestcoop.ca](mailto:bking9@norwestcoop.ca)