

**Saving Circle  
Application Form:**

**FOR OFFICE USE ONLY**

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

All Proof of Income

*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

**Permanent Resident Card Number (if applicable)**

--	--	--	--	--	--	--	--	--	--

**Name of Emergency Contact Person:** \_\_\_\_\_

**Contact Person's Address:** \_\_\_\_\_

**Contact Person's Phone Number(s):** \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

**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"/> LGBTTQ                          |
|  |  | <input type="checkbox"/> Previous qualified applicant    |

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

**INTAKE AND MONEY MANAGEMENT TRAINING (MMT) INFORMATION**

**Saving Circle session will be running:** See last page for program schedule

MMT: July 20<sup>th</sup> - September 28<sup>th</sup> No class on August 2<sup>nd</sup>, September 7<sup>th</sup>  
**Mondays 1:30 - 3:30 at Access Norwest**

**Do you require childcare?**  No  Yes  
**→ How many children and what are their ages?**

---

---

**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

**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**

**Two Parent Household**

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

- 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\*\***

	Name	Relationship to You	Age of Child
Person 1		Myself	
Person 2			
Person 3			
Person 4			
Person 5			
Person 6			
Person 7			
Person 8			
Person 9			
Person 10			

**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**

**Does someone in your household receive wages from employment?  Yes  No**

Name	Name of Employer	Start Date

**If you have children, do you receive?**

Canada Child Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____

**Do you receive Social Assistance (EIA)?**    **Yes**    **No**   Monthly Amount \$ \_\_\_\_\_

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

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

**Are you self-employed?**    **Yes**    **No**   Monthly Amount after Expenses: \$ \_\_\_\_\_

**Other Sources of Income:**

GST Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quarterly Amount \$ _____
Employment Insurance (EI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Resettlement Assistance (RAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Private Refugee Sponsorship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
CPP Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
CPP and/or GIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Money from Friends or Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Pension or Retirement Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Training Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Income for Foster Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount \$ _____

**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

**ASSETS & LIABILITIES**

**Assets:**

Do you own a home?  Yes  No Value \$ \_\_\_\_\_  
Outstanding Mortgage \$ \_\_\_\_\_

Do you own a vehicle?  Yes  No Value \$ \_\_\_\_\_  
Loan \$ \_\_\_\_\_

Do you have RRSP's GIC's or a TFSA?  Yes  No Value \$ \_\_\_\_\_

**Liabilities:**

Do you owe money to friends or family?  Yes  No Amount \$ \_\_\_\_\_

Do have bills that have gone to collection?  Yes  No Amount \$ \_\_\_\_\_

Do you have outstanding student loans?  Yes  No Amount \$ \_\_\_\_\_

Do you have other debts?  Yes  No Amount \$ \_\_\_\_\_

**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?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

2. When do you need to purchase this asset?

\_\_\_\_\_

3. Why do you want to save for this asset?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Our Money Management Sessions covers topics such as budgeting, credit and banking? Do you think attending the sessions will be helpful to you? (Please circle).



5. What do you hope to learn from the Money Management Sessions?

---

---

---

6. Have you been able to save money in the past? Yes // No

7. If YES, what made it possible to save? If NO, what made it difficult to save?

---

---

8. Do you currently have savings? If so, how much? \$ \_\_\_\_\_

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

10. Have you ever used payday lenders or cheque cashing outlets? Yes // No

11. Where do you do your banking? Bank/Credit Union // Payday Lender // Other

12. Are you currently saving? Yes // No

13. Do you have a bank account? Yes // No

**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>• NorWest 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:

Roxanne Cristobal  
Asset building program facilitator



**NorWest Co-op**  
COMMUNITY HEALTH

785 Keewatin St  
Winnipeg, MB R2X 3B9

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

Application deadline: January 18th

Intake: To be scheduled in-person with Roxanne between Jan 25th - Jan 29th.

Saving Period: Feb - July

10 Week Virtual Money Management Training

Scheduled for 1:30 PM - 2:30PM on the following dates :

1. Mon. Feb 1
2. Mon. Feb 8
3. \*\*Tues. Feb 16
4. Mon. Feb 22
5. Mon. Mar 1
6. Mon. Mar 8
7. Mon. Mar 15
8. Mon. Mar 22
9. Mon. Mar 29
10. \*\*Tues. Apr. 6