

EMBERS

CA\$H Plan: Capital Acquisition and Savings Help



Application Form

Thank you for your interest in applying to EMBERS CA\$H Plan. All the information you give on this form is strictly confidential and will be used to determine your eligibility for the program and for program evaluation purposes.

Please complete all parts of the application and attach a recent copy of your resume. **Submitting this application does not guarantee your acceptance into the project.** The information on this form will help us to determine if you are eligible for the project. If you have any questions or need assistance to fill out the form please contact Erin at 604-692-0781.

Please return the completed form and your resume to EMBERS at 209 – 124 East Pender St. Vancouver, BC V6A 1T3, by email to embers@dtes.ca or by fax to 604-692-0780 by September 18, 2008.

Section A: Personal Information

Name: _____
(First) (Initial) (Last name)

Address: _____
Unit # Street Address
City Province Postal Code

How long at this address? _____

Home phone: _____ Work phone: _____ Email: _____

Birth date: _____
Day / Mon / Year

Ethnicity: Aboriginal African Asian Caucasian Latino or Hispanic
 Other (please specify) _____

If you have had a history with drugs or alcohol or mental health concerns how long have you been stable? _____

Section B: Household Information

Marital Status: Single (never married) Married (includes common law & same sex relationships)
 Separated Divorced Widowed

Dependants:

1. _____ Relationship to you: _____
(First Name) (Age)

2. _____ Relationship to you: _____
(First Name) (Age)

3. _____ Relationship to you: _____
(First Name) (Age)

4. _____ Relationship to you: _____
(First Name) (Age)

Housing situation: Own Rent BC Housing Co-op Housing Transitional Housing
 Other (please specify) _____

Thank you for completing this form. This information is confidential to the program.
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Expenses: Please estimate fixed costs for the household in a month

Expense Category	Amount
Rent/ Mortgage	
Utilities	
Phone, Cell phone	
Transportation	
Food	
Debt Payments	
Other (please describe)	
Total	

Will you be able to save between \$15 - \$100 per month for six months? _____



Section E: Asset and Debt Information

For the following questions please answer according to how your household shares savings/debts. For example, if assets and debts are pooled and shared then include the total amount of household assets/debts. If assets/debts are divided proportionally, include only your portion of assets/debts.

Savings:

Do you / your household have?	\$ Value
Checking account	\$
Savings accounts	\$
Trust Account where you are the beneficiary	\$
Registered Educational Savings Plan (RESP)	\$
Registered Retirement Savings Plan (RRSP)	\$
Stocks, Bonds, GICs, mutual funds etc	\$
Anything other savings	\$
Total savings:	\$

If you do not have any savings, please identify the reason: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I do not make enough money to save | <input type="checkbox"/> I never considered saving |
| <input type="checkbox"/> I would like to save but don't know how | <input type="checkbox"/> I didn't see the use of saving |
| <input type="checkbox"/> I used to have savings but had to spend them | <input type="checkbox"/> Other _____ |

Other Assets:

Do you / your household own?	\$ Value (estimate current market value)
Car	\$
House / Property	\$
Other	\$
Total Assets:	\$

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Debt:

How much money do you owe?	\$ Value
Credit cards	\$
Bank Line of Credit	\$
Student Loan	\$
Vehicle Loan	\$
Mortgage / Co-op Housing Share Loan	\$
Family/Friend Loans (the ones that require you pay them back)	\$
Other (eg. Medical/Business etc.)	\$
Total Debts:	\$

Section F: Business

At what stage is your business?

- Researching an idea
- Start up phase (0 – 2 years in business)
- Other? _____
- Ongoing business (2 + years)

What is the nature of your business? _____

What is the structure of you business?

- Sole Proprietor
- Incorporated
- Partnership

Do you have any other forms of financing for your business (bank loans, investors etc)?

- No
- Yes Source and amount? _____

If possible please provide:

2007 Revenues (before expenses) \$ _____
2007 Income (after expenses) \$ _____

Please indicate how you would use the matched savings. (check all that apply)

- Business Start up funds (bus. license / reg, deposits, equipment costs, marketing materials, inventory)
- Ongoing operating expenses (eg. marketing, supplies, insurance,)
- Equipment
- Equity to access a loan
- Other _____
- Don't know yet

Section G: Research Consent and Evaluation

EMBERS BYOB Assets involves research and evaluation. We are measuring the success of this matched savings tool to support low-income entrepreneurs towards small business start up and expansion. As a participant you will need to agree to participate in:

- a baseline survey at the program's beginning related to assets, savings, managing of household money and employment status
- a mid program evaluation interview
- a final survey upon completion of program

I consent to the information collected during the course of the program being used to research and evaluate the program's effectiveness and to support me towards achieving my savings and asset goal. I swear that all information provided on this form is true to the best of my knowledge and understand that falsifying information will lead to termination from the program.

Signature

Date

Section H: Alternate Contact

Please provide the name of a friend or relative who would know where you live even if you move.

Friend/Relative Name: _____
(First) (Last)

Friend/Relative Address: _____
Unit # Street City Prov Postal Code

Friend/Relative Phone #: _____ Relationship to you: _____