



**Community Action Partnership of Lancaster and Saunders Counties**  
**Free to Save Program Application**  
 (Revised 11/29/2018)

**Internal Tracking Only**  
 Application Received Date: \_\_\_\_\_

Eligible: Y \_\_\_ N \_\_\_  
 Accepted: Y \_\_\_ N \_\_\_

**Household Information**

**Household Type** (check one): *A household is all individuals who reside in a dwelling unit who live and eat separately from other individuals in that unit. There may be subgroups within the same dwelling unit. One subgroup combines income and resources and eats together. Even though they pay a portion of the rent, they do not combine income or resources with the other subgroup(s) that are also paying a portion of the rent. Each subgroup is a separate*

- Single Person       Two adults NO children       Non-related adults with children       Two Parent Household  
 Single Female Parent       Single Male Parent       Multigenerational Household       Other \_\_\_\_\_

Number in household: \_\_\_\_\_ Adults (18+): \_\_\_\_\_ Children (0-17): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

**First Adult Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Total Monthly Income: \$ \_\_\_\_\_

Expected Purchase Goal:  Home  Business Purchase  Post-secondary Education  Vehicle

Mark sources of income received and the amount per source:

- \$ \_\_\_\_\_ Wages       \$ \_\_\_\_\_ Social Security Disability       \$ \_\_\_\_\_ VA Non-Service Disability  
 \$ \_\_\_\_\_ Self-Employed       \$ \_\_\_\_\_ Child Support \$       \$ \_\_\_\_\_ Pension or retirement from a former job  
 \$ \_\_\_\_\_ TANF       \$ \_\_\_\_\_ Alimony/Spousal Support       \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ General Assistance       \$ \_\_\_\_\_ Social Security Retirement  
 \$ \_\_\_\_\_ SSI       \$ \_\_\_\_\_ VA Services- Disability

**Second Adult Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Total Monthly Income: \$ \_\_\_\_\_

Expected Purchase Goal:  Home  Business Purchase  Post-secondary Education  Vehicle

Mark sources of income received and the amount per source:

- \$ \_\_\_\_\_ Wages       \$ \_\_\_\_\_ Social Security Disability       \$ \_\_\_\_\_ VA Non-Service Disability  
 \$ \_\_\_\_\_ Self-Employed       \$ \_\_\_\_\_ Child Support \$       \$ \_\_\_\_\_ Pension or retirement from a former job  
 \$ \_\_\_\_\_ TANF       \$ \_\_\_\_\_ Alimony/Spousal Support       \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ General Assistance       \$ \_\_\_\_\_ Social Security Retirement  
 \$ \_\_\_\_\_ SSI       \$ \_\_\_\_\_ VA Services- Disability

For each **vehicle**, list: *If none, leave blank*

			Who owns the vehicle?
Year/Make/Model: _____	Mileage: _____	Value: _____	<input type="checkbox"/> First Adult <input type="checkbox"/> Second Adult <input type="checkbox"/> Both
Year/Make/Model: _____	Mileage: _____	Value: _____	<input type="checkbox"/> First Adult <input type="checkbox"/> Second Adult <input type="checkbox"/> Both
Year/Make/Model: _____	Mileage: _____	Value: _____	<input type="checkbox"/> First Adult <input type="checkbox"/> Second Adult <input type="checkbox"/> Both

**Household Debts**

Joint: List total owed on all **credit card accounts, personal/student loans, car loans, mortgage loans, medical bills, and outstanding bills** **IN BOTH YOUR NAMES:** *If none, leave blank*

\_\_\_\_\_

**First Adult: List total owed on all credit card accounts, personal/student loans, car loans, mortgage loans, medical bills, and outstanding bills you owe INDIVIDUALLY: If none, leave blank**

**Second Adult: List total owed on all credit card accounts, personal/student loans, car loans, mortgage loans, medical bills, and outstanding bills you owe INDIVIDUALLY: If none, leave blank**

**Household Assets**

**Joint: List value of all assets owned TOGETHER, including checking, savings, or other bank accounts, retirement accounts, investments, home, business, personal and household goods: If none, leave blank**

**First Adult: List value of all assets owned INDIVIDUALLY, including checking, savings, or other bank accounts, retirement accounts, investments, home, business, personal and household goods: If none, leave blank**

**Second Adult: List value of all assets owned INDIVIDUALLY, including checking, savings, or other bank accounts, retirement accounts, investments, home, business, personal and household goods: If none, leave blank**

**Citizen Status Attestation:**

For the purpose of complying with Neb. Rev. Stat. 4-108 through 4-114, I attest as follows:

*First Adult*

I am a citizen of the United States OR  I am a qualified alien under federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Second Adult*

I am a citizen of the United States OR  I am a qualified alien under federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Report Authorization**

I hereby authorize **Community Action Partnership of Lancaster and Saunders Counties (Community Action)** to obtain and review my consumer credit report and score as a prerequisite to receiving assistance. I understand that Community Action will use the consumer credit report and score to determine my eligibility for and to facilitate the delivery of program services. I further acknowledge I have received the Summary of the Fair Credit Reporting Act.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# KEEP FOR YOUR RECORDS

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051