



Date and Time Stamp
(PHA Office Use Only)

PHA Cash 4 Success Program Application for Education

Contact Information

Name: _____

PHA Client ID #: _____ Social Security #: _____

Gender: Female Male Date of birth: ____ / ____ / ____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

Are you saving for: Your own education Your child's education

Household Information

Number of Adults (including yourself): _____ Number of Children (Ages 17 and under): _____

Income Information

Temporary Assistance for Needy Families (TANF):

Currently Eligible?
 Yes No

Currently Receiving?
 Yes No

Have Received in the Past?
 Yes No

Earned Income Tax Credit (EITC):

Currently Eligible?
 Yes No

Currently Receiving?
 Yes No

Have Received in the Past?
 Yes No

Gross Yearly **HOUSEHOLD** Income (Before Taxes): _____

Assets

		Value	Balance Due
Does anyone in your household own your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Does anyone in your household own other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Does anyone in your household own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Does anyone in your household own stocks, bonds, or other investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
Does anyone in your household currently have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	(Amount in account)
Does anyone in your household have a personal savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	(Amount in account)
Does your family own more than one vehicle(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, what kind of vehicles do you and your family have? (Make/Model/Year)

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

If you or a member of your household has other assets that were not addressed in the above questions, please state what the asset is and what its value is (e.g. Certificate of Deposit):

_____	\$ _____	\$ _____
Asset	Value	Balance Due
_____	\$ _____	\$ _____
Asset	Value	Balance Due

Amount/Value

Liabilities

Do you have past due household bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Does anyone in your household have outstanding student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Does anyone in your household have outstanding medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Does anyone in your household have outstanding loans? Yes No \$ _____

Is anyone in your household carrying a credit card balance? Yes No \$ _____

If you or a member of your household has other liabilities that were not addressed in the above questions, please state what the liability is and what its value is:

_____	\$ _____	\$ _____
Liability	Value	Balance Due
_____	\$ _____	\$ _____
Liability	Value	Balance Due

Demographic Information

Ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian/white | <input type="checkbox"/> Latino or Hispanic |
| <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____ |

Marital status:

- | | | |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | |

Employment status (Choose One):

- | | |
|--|--|
| <input type="checkbox"/> Employed more than full-time | <input type="checkbox"/> Employed full-time |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Currently seeking employment |
| <input type="checkbox"/> Working and in school or job training | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Laid off, waiting for call back | <input type="checkbox"/> Disabled, not seeking employment |
| <input type="checkbox"/> Currently in school or job training | <input type="checkbox"/> Retired, not seeking employment |

Highest level of education completed:

- | | |
|---|---|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Attended or currently enrolled in college |
| <input type="checkbox"/> Grade 6 through 8 | <input type="checkbox"/> Attained 2 year degree |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> Attained 4 year degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Graduated or currently attending graduate school |

Do you have experience with Direct Deposit?

- Yes No

School Information

Name of Post-Secondary School: _____

Location: _____

Total Cost: _____

Grants/Scholarships: _____

Loans: _____

Cash 4 Success Need: _____

Financial Aid Package received: Yes No

Cash 4 Success will be used for which upcoming semester: ___ Summer 1 2013 ___ Summer 2 2013 ___ Fall 2013

Type of School: 2 Year 4 Year Professional College
 Vocational Technical Graduate School

Major or Focus: _____

GPA/ Class Ranking: _____

Number of Credits Required to Graduate: _____

Number of Credits Completed to date: _____

Estimated Graduation Date: _____

Employment Information

Employer: _____ Phone: (____) _____

Street: _____

City or Town: _____ State: _____ Zip Code: _____

Have you changed jobs in the last six months?

Yes No

If yes, please explain:

Other than yourself, how many members of your family are employed either full or part-time? _____

Please include **ALL** children and adults in the household who are formally employed and list them in the section below:

Name of household member	Employer name	Employer phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you hear about the PHA Cash 4 Success Program?

Signature

Date

PLEASE BRING THESE DOCUMENTS TO YOUR ORIENTATION SESSION:

• 2011 Tax Returns for all household members = proof of household income
• Credit Report
• 2 or more recent Pay Stubs
• EITC Verification (If Applicable)
• TANF Verification (If Applicable)
• Transcript / Admissions / Acceptance Letter or verification of enrollment
• Financial Aid Letter / Print Out

Thank you for your interest! Please return the completed application to:

PHA Resident and Community Services
Attn: Cash 4 Success Program
12 South 23rd Street, 6th floor
Philadelphia, PA 19103
Phone Number: (215) 684-1333