Asset Building and Resource Program Application

To qualify for the Waikiki Community Center (WCC) BUILD: Asset Building and Resource Program information provided will be verified. You must be a resident of Oahu, and once verified, acceptance into the program is based on financial qualification. Additional documentation may be required as part of the verification process. WCC will keep any information provided confidential. Please TYPE or PRINT legibly.

APPLICATION INFORMATION							
First Name:		Last Name:					
Date of Birth:	Home Address:						
City: State	:		ip Code:				
Home Phone:	Cell Phone:_		Work Phone:				
Email Address:							
MARITAL STATUS Single Married Separated Divorced Widowed	OU HAVE A DISA Yes No Prefer not to		☐ Hispanic/Lat ☐ Native Ame	acific Islander iino			
Gender Identity:	le 🗌 Male	☐ Other					
Applicant Employment Status (Check all that apply) Full-time Self-Employed Full-time How many jobs do you work?		Applicant Education: Highest Level Completed (Check all that apply) High School Diploma/GED Some College – no degree earned College – 2 or 4-year Degree Post Graduate Degree					
HOUSEHOLD INFORMATION How many adults (18 years and older) How many children (under 18 years) of How many other individuals not living Has anyone currently in your househod EMPLOYEMENT Current Employer:	with you do yo	applicant's householouseholous support financially a Match Savings Acc	d: ?] No			
Address:	City:_	State	e: Z	ip Code:			

Employment Start Date: ————

List additional employer and star	t date if you	are wor	king more than 1 job:			
Has your household monthly inco			ne past month?		No	
	Yes	No		Yes	No	
Savings/Checking Account	163	140	Debit/ATM Card	103	140	
Credit Card			Debt			
Financial Education Course			Payday Loans			
Do you own any of the following Car Yes No Home Yes	s 🗌 No Ret		(Re	eal Estate, M	utual Funds, Sto	
	_			iu. ———		
SAVING POTENTIAL How much of the second points and the second points are second points and the second points are second points and the second points are second poi		-	-			
What goals would you like to acc	omplish by t	he end o	of the program? Check al	l that apply	/.	
☐ Gain the knowledge to so ☐ Start a new job or improd ☐ Other:	•	_		ve financia saving reg	•	
AVAILABILITY If accepted in this etc.?	program, wh	nat is yo	ur availability to attend r	neetings o	r appointme	nts,
Day Times	Day Times					
☐ Weekday morning		□Wee	ekday afternoon			
How did you hear about us?	Friend 🔲 lı	nternet	☐ Newspaper ☐ Partne	er Agency	Other	
Applicant's Signature I affirm, under the penalties of permy household has previously par Access Program.	•		•			•
Applicant's Signature:				Date:		