

## BUILD: Asset Building and Resource Program Application

To qualify for the Waikiki Community Center (WCC) BUILD Program, information provided will be verified. Program acceptance is based upon financial qualification and Oahu residency. Additional documentation such as a W-2, 1099, paystub, bank statements and annual tax forms will 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### MARITAL STATUS

- Single
- Married
- Separated
- Divorced
- Widowed

#### DO YOU HAVE A DISABILITY?

- Yes
- No
- Prefer not to answer

#### RACE/ETHNICITY

- African American
- Asian
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Native American
- Other \_\_\_\_\_

**Gender Identity:**       Female       Male       Other \_\_\_\_\_

(Select all that apply)

<p><b>Applicant Employment Status</b> (Check all that apply)</p> <p><input type="checkbox"/> Full-time    <input type="checkbox"/> Part-Time If PT, #hrs worked per week _____</p> <p><input type="checkbox"/> Self-Employed    <input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time If SE PT, #hrs worked per week _____</p>	<p><b>Applicant Education: Highest Level Completed</b> (Check all that apply)</p> <p><input type="checkbox"/> High School Diploma/GED</p> <p><input type="checkbox"/> Some College – no degree earned</p> <p><input type="checkbox"/> College – 2 or 4-year Degree</p> <p><input type="checkbox"/> Post Graduate Degree</p>
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### HOUSEHOLD INFORMATION

How many adults (18 years and older, including yourself) live in applicant's household: \_\_\_\_\_

How many children (under 18 years) currently live in applicant's household: \_\_\_\_\_

How many other individuals not living with you do you support financially? \_\_\_\_\_

Has anyone currently in your household ever opened a Match Savings Account?     Yes     No

### EMPLOYMENT

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

List additional employer, start date and hours worked weekly if you are working more than 1 job:

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Has your household monthly income changed over the past month?  Yes  No

**FINANCIAL ASSESSMENT** Do you currently or have you ever had any of the following?

	Yes	No		Yes	No
Savings/Checking Account			Debit/ATM Card		
Credit Card			Debt		
Financial Education Course			Payday Loans		

Do you own any of the following?

Car  Yes  No Home  Yes  No Retirement Funds  Yes  No Other Investments  Yes  No  
(Real Estate, Mutual Funds, Stocks etc.)?

**INCOME STATUS** List current **MONTHLY** gross income for the **ENTIRE** household. \_\_\_\_\_

**SAVING POTENTIAL** How much do you estimate you can save monthly?

\$10-25  \$25-50  \$50-75  Other \_\_\_\_\_

What goals would you like to accomplish by the end of the program? Check all that apply.

- Gain the knowledge to successfully manage my money
- Start a new job or improve my career saving regularly
- Other: \_\_\_\_\_
- Achieve financial stability
- Start saving regularly

Are you receiving SNAP benefits?  Yes  No Are you interested in continuing your education  Yes  No  
Are you interested in changing employment?  Yes  No Are you receiving TANF/TANOF Benefits?  Yes  No  
Are you receiving tuition assistance for Preschool aged children  Yes  No

**AVAILABILITY** If accepted in this program, what is your availability to attend meetings or appointments, etc.?

Day Times \_\_\_\_\_  Evening Times \_\_\_\_\_  Saturday Times \_\_\_\_\_  
 Weekday morning \_\_\_\_\_  Weekday afternoon \_\_\_\_\_

**How did you hear about us?**  Friend  Internet  Newspaper  Partner Agency  Other \_\_\_\_\_

**Applicant's Signature**

I affirm, under the penalties of perjury, that the information provided is true, and that neither I nor anyone in my household has previously participated in Waikiki Community Center's BUILD: Asset Building and Resource Access Program.

Applicant's Signature: \_\_\_\_\_

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