

KCSDV Matched Savings for Asset Building Program

INFORMATION & ELIGIBILITY REQUIREMENTS

About the Program:

The KCSDV Matched Savings for Asset Building Program is designed to help survivors of sexual or domestic violence move toward financial well-being by setting and accomplishing a personal savings goal. The KCSDV Matched Savings for Asset Building Program provides survivors with a dollar-for-dollar match up to \$250.00 for purchases or payments that will increase their financial safety or financial independence. For example, if a survivor saves \$250.00 for their purchase or payment, KCSDV will match their savings with \$250.00, for a total of \$500.00 to be applied toward their purchase or payment.

How It Works:

- The survivor meets with an advocate for financial safety planning, completes a personal budget, or identifies a savings goal. The savings goal might include saving for an asset they would like to purchase, or saving for a payment they would like to make, in order to increase their financial safety or financial independence.
- The survivor works with their advocate to complete the KCSDV Matched Savings for Asset Building Application form and Agreement form, and the advocate submits the completed Application form and Agreement form to KCSDV. The completed/signed forms can be sent to KCSDV via U.S. Mail, fax, or scanned and emailed to coalition@kcsdv.org.
- KCSDV will review the application documents and the advocate will be notified once the application is approved or declined. Incomplete applications cannot be processed.
- Once the Application is approved, the survivor begins saving money to be matched.
- The advocate will work with the survivor to get a W-9 for the designated business, vendor, individual, organization, firm, or institution.
- When the survivor has their half of the money saved, the survivor and advocate complete the Payment Request form. The advocate submits to KCSDV the completed Payment Request form, vendor W-9, and a check or money order made payable to KCSDV for the survivor's half of the match funds.
- KCSDV then issues a check payable to the designated business, vendor, individual, organization, firm, or institution for the survivor's purchase or payment. This check will be mailed to the advocacy program, and the advocate will be responsible for delivering the check to the survivor. The survivor is responsible for delivering the check to the designated business, vendor, individual, organization, firm, or institution the check was made payable to.

Eligibility Requirements:

- Applicants must be survivors of sexual or domestic violence and be working with a KCSDV member program.
- Applicants must have met with their advocate and completed a financial safety plan or budget with a savings goal before applying to the program.
- Approved applicants complete financial education or information with their advocacy program before payment is processed. The following options are available to meet this criteria:
 - Review and discuss one-on-one with an advocate at least one Module of the Allstate Moving Ahead Through Financial Management curriculum, or comparable modules in a comparable financial empowerment curriculum; **OR**
 - Attend group classes of the Allstate Moving Ahead Through Financial Management curriculum or comparable modules in a comparable financial empowerment curriculum.

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APPLICATION

INSTRUCTIONS: Complete this form to apply for the KCSDV Matched Savings for Asset Building Program. This form should be completed together with your advocate. All applications will be reviewed and your advocate will be notified about the application status within 7 days of receipt by KCSDV.

1. Applicant Information

Full Name: _____
First *Last* *M.I.*

2. Advocacy Program Information

Member Program: _____

Advocate Name: _____
First *Last* *M.I.*

Mailing Address: _____
Street Address

City *State* *ZIP Code*

Phone: _____ Email: _____

3. Summary of Request

Describe your savings goal and what you are saving to purchase or pay for that will help you build financial safety or increase your financial independence.

4. Funds request

Amount of matching funds you are requesting (up to \$250) _____

Total amount needed for your purchase: \$ _____

What other sources/funds are being accessed to save towards this financial goal?

I expect to have my half of the money saved by?* (month/date/year) ___ / ___ / ___.

**Please note that we have a limited amount of funds available. If your application is approved, funds will be held for you through the date provided above. If you need to extend the date, please have your advocate contact us as soon as possible. While we will make every effort to have funds available to you beyond the date provided above, we cannot guarantee fund availability beyond the original date provided.*

5. Savings plan

What is your plan to save or obtain these funds? Please talk with your advocate for help with creating a savings plan, if necessary.

6. Application checklist

Before submitting the Application forms, make sure you have completed:

- A financial safety plan, budget or savings goal through your advocacy program;
- KCSDV Matched Savings for Asset Building Program Application
- KCSDV Matched Savings for Asset Building Program Agreement

Submit the completed Application Form and Agreement Form to:

**Kansas Coalition Against Sexual and Domestic Violence
634 SW Harrison Street
Topeka, KS 66603
785-232-9784**

The completed/signed forms can be sent to KCSDV via U.S. Mail, fax (785-266-1874) or scanned and emailed to coalition@kcsdv.org.

KCSDV Matched Savings for Asset Building Program

AGREEMENT

INSTRUCTIONS: The survivor/applicant is to initial each item below to indicate that you have read and understand the agreements of your application and the Matched Savings for Asset Building Program.

1. _____ If my application is approved, I understand that each dollar I save (up to \$250) will be matched one-to-one with funds from the KCSDV Matched Savings for Asset Building Program. (For example: If I save \$250, my money will be matched with \$250 for a total of \$500 to be applied toward my savings goal.)
2. _____ I understand that I must be working with my advocacy program to participate in this program and will need to stay in contact with my advocate about my application, savings timeline, and purchase plan.
3. _____ I understand and consent to KCSDV contacting my advocate with questions concerning my application. Further, I consent for my advocate to disclose only information that relates to my Matched Savings for Asset Building transaction with KCSDV.
4. _____ I understand that I will need to submit a new Matched Savings for Asset Building application if I need to change what I am purchasing. I agree to work with my advocate to notify KCSDV as soon as possible if I need to cancel or resubmit my application.
5. _____ I agree to participate in financial empowerment education through my advocacy program. I am responsible for completing either individual or group financial empowerment education before I receive the matched savings funds.
6. _____ I understand that my advocate will work with me to make sure that my savings timeline and plan include realistic goals. My advocate will also help me find other resources when financial emergencies arise.
7. _____ When I am ready to make my purchase or payment, I will work with my advocate to complete the Purchase Request form. I understand that I must have my financial empowerment education completed before submitting the Purchase Request form.
8. _____ I understand that KCSDV will issue the check payable directly to the business, vendor, individual, organization, firm, or institution that I am making a purchase from or payment to. The check will not be made payable to me directly.

9. _____ I understand that using a check from the “Kansas Coalition Against Sexual and Domestic Violence” to make my purchase or payment may reveal to the business, vendor, individual, organization, firm, or institution that I am receiving domestic violence or sexual assault services. My advocate will talk with me more about how this might affect my safety or privacy.
10. _____ I understand that when I am ready to submit the Purchase Request Form, I will need to attach a W-9 tax form for the business, vendor, individual, organization, firm, or institution to which the check will be made payable. My advocate may assist me with this.
11. _____ I understand that when I am ready to submit the Purchase Request form, I will need to submit my half of the money in the form of a check or money order, made payable to “KCSDV.” My advocate may assist me with this.

By signing below, I verify that I have read and understand this agreement in its entirety.

Signatures: _____ Date: _____
Applicant

_____ Date: _____
Advocate

Submit the completed Application form and Agreement form to:

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For internal use only

Date application received: _____
 Declined
 Approved

If declined, state reason why: _____

Date advocate notified of status: _____

Signature: _____
KCSDV Representative

Date: _____

KCSDV Matched Savings for Asset Building Program

PAYMENT REQUEST FORM

INSTRUCTIONS: Complete this form when you have saved your money and are ready to make your purchase or payment. This form should be completed together with your advocate. Please allow up to two weeks for us to process and mail your check.

1. Applicant Information

Full Name: _____
First *Last* *M.I.*

2. Vendor Information *(This is who you are making the purchase from and who the check will be made payable to.)*

Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

3. Advocacy Program Information *(This is where the check will be mailed.)*

Member Program: _____

Advocate Name: _____
First *Last* *M.I.*

Mailing Address: _____
Street Address

City *State* *ZIP Code*

Phone: _____ Email: _____

4. My Matched Savings Amount

I have enclosed a check or money order in the amount of \$ _____ made payable to KCSDV.

5. Payment Request Form Checklist

Before submitting this form, make sure you have:

- Completed the financial empowerment education through your advocacy program;
- Included a completed W-9 tax form for the vendor;
- Included your check or money order for your half of the matched savings, made payable to KCSDV.

Submit the completed Payment Request Form, completed W-9, and check or money order to:

**Kansas Coalition Against Sexual and Domestic Violence
634 SW Harrison Street
Topeka, KS 66603
785-232-9784**

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Date Payment Request Form received: _____

Check # _____ Issued

Date check mailed to Member Program: _____

Date advocate notified check mailed: _____

Signature: _____ Date: _____
KCSDV Representative