



DEPARTMENT OF
**COMMUNITY
SERVICES**

Louisville Metro Community Services
Advocacy and Empowerment division

Finance 4 U
FREE Financial Empowerment Workshop Series

Wednesday Evenings

August 17—September 28, 2016

5:30 - 7:30 p.m.

Nia Center

2900 W. Broadway

Louisville, KY 40211



Topics:

- \$ Let's get it started – Tracking Spending
- \$ Do I have a relationship with my money?
- \$ To coupon or not to coupon, How is the question.
- \$ The Good Credit Game– What's the skinny on having credit and good credit scores
- \$ Banks / Credit Union – Which is for me?
- \$ MicroEnterprise– Asset Building / Insurance –protect your assets



Ready to become financially empowered?

Facilitator:

Joi E. Boyd, Social Service Program Specialist

Louisville Metro Community Services

Knowledge Is Power & Empowerment Comes From Within

To register, contact:

Joi E. Boyd

Louisville Metro Community Services

810 Barret Ave. 2nd Floor

Louisville, KY 40204

Phone: 502-574-7301

Fax: 502-574-4275

E-mail: joi.boyd@louisvilleky.gov

Application available online

www.louisvilleky.gov/community_services

All applicants must be Jefferson County residents within 125% of the federal poverty guidelines.

Louisville Metro Community Services

FINANCE 4 U

APPLICATION



| APPLICANT INFORMATION | | | |
|---|----------------------------|--|--------------------------|
| Applicant Name | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Street Address | | | |
| City | State | Zip Code | |
| Phone | Alternate Phone | Date of Birth / / | |
| Caseworker (if already working with Community Services) | | | |
| Dates of session: <i>Every Wednesday beginning August 17, 2016 – September 28, 2016 5:30 p.m. – 7:30 p.m.</i> | | | |
| HIGH/SECONDARY SCHOOL INFORMATION | | | |
| Highest Level of Education Completed | | Diploma/GED Date | |
| CURRENT EMPLOYER INFORMATION | | | |
| Job Title | Employer | Work Days | Work Hours |
| REQUIRED DOCUMENTS | | | |
| Please attach the following required documents to this application: <input type="checkbox"/> Copy of Driver's License (or State issued I.D.) <input type="checkbox"/> Copy of Social Security Cards for all household members <input type="checkbox"/> Proof of income for previous month (check stubs, food stamp letter, etc.) | | | |
| EXPECTATIONS | | | |
| <input type="checkbox"/> Attend all scheduled classes and arrive on time <input type="checkbox"/> Participate in class activities and complete all assignments <input type="checkbox"/> Maintain confidentiality concerning information discussed in class <input type="checkbox"/> Seek legal or professional advice from professionals only <input type="checkbox"/> Notify class coordinator of absence within 48 hours of next scheduled class <input type="checkbox"/> Maintain contact with CAP staff for three (3) months after completion of class | | | |
| SIGNATURE | | | |
| My signature indicates that I understand and approve the above mentioned program expectations. | | | |
| Applicant Signature | | | Date |
| INCOME/HOUSEHOLD VERIFICATION (for office use only) | | | |
| Household Size | Household Annual Income \$ | | Income Verification Used |
| Staff Signature | | Date | |

Participants selected on a first-come, first served basis. Applications may be submitted up until close of business day on July 25, 2016 4:30 p.m. (Or until classes are filled) to Community Services; Attn: Joi E. Boyd; 810 Barret Avenue, 2nd flr. Louisville, KY 40204. This project is funded, in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health and Human Services.