



**Mulberry
Community
Service Center**

Meeting Community Needs One Family at a Time



of Polk County

Money Smart for Families assists families in Polk, Hardee, and Highlands County gain independence through financial literacy classes for adults and children, culminating in an emergency savings account.

Adult #1 _____ Age _____
 Adult #2 _____ Age _____
 Street Address _____
 City _____ Zip _____
 Phone _____ Email _____
Ethnicity _____

Gender: Male Female

Children: Name	Age	School
_____	____ Boy Girl	_____
_____	____ Boy Girl	_____
_____	____ Boy Girl	_____
_____	____ Boy Girl	_____

Total Number of People in Household _____ Annual Household Income _____

Do You Currently Have? (Please Check All That Apply)

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Family Written Budget
<input type="checkbox"/> Credit Card(s)	<input type="checkbox"/> Credit Card Debt	<input type="checkbox"/> Family Written Goals
<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent Home/Apt	<input type="checkbox"/> Emergency Savings

# Persons	1	2	3	4	5	6	7	8
Poverty Level Income (+\$4,420/person)	\$12,760	\$17,240	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
200% (+\$8,840 per person)	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240

(revised 4/11/2020)



Money Smart for Families

Family Participation Agreement

- The Mulberry Community Service Center / Personal Finance Center Polk County will provide a series of four financial classes and credit restoration services, at no cost to the family.
- Classes will include a light meal/snack, incentives, and prizes.
- The Mulberry Community Service Center / Personal Finance Center Polk County will provide a Savings Account Incentive up to \$150 for each family/household that meets the below criteria.

To earn the \$150 Savings Incentive Match, the _____ Family agrees to provide the following:

_____ Completed Registration Form

_____ Attend, actively participate in, and complete homework for all four financial literacy classes. (The Financial Stability Coach can provide information how to make up a missed class.) If taking online classes instead of live classes, complete the six required modules and provide the certificates.

_____ Completed Family Goal Sheet and Family Quick Start Budget

_____ Create and submit screenshot of EveryDollar budget account profile

_____ Proof of Income (last year's tax return or most recent pay stub)

_____ Savings account statements showing the beginning balance as of the date of first class, and the account balance increased by at least \$300 as a result of periodic deposits

If opting to take advantage of the free credit restoration services:

_____ Pull Credit Report/Score at end of program

Participant Printed Name

Signature

Financial Stability Coach

Date

Release Form for Adults



I, being of legal age, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use my story and/or likeness, in whatever they desire. Furthermore, I consent that such story and/or likeness, shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.

Name (Print): _____

Signature: _____

Company: MULBERRY COMMUNITY SERVICE CENTER

Company Address: 1392 N. CHURCH AVE

City: MULBERRY State: FL Zip: 33860

Email: _____ Birthdate: / /

Release Form for Minors



I, being the parent/guardian of _____, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever they desire. Furthermore, I consent that such story and/or likeness, shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.

Name of Minor: _____ Birthdate: / /

Parent Name (please print): _____

Parent Signature: _____

Address: _____

City: _____ State: _____ Zip: _____