



DEPARTMENT OF
**COMMUNITY
SERVICES**

Louisville Metro Community Services
Advocacy and Empowerment division

Finance 4 U

FREE Financial Empowerment Workshop Series

Monthly on Thursday Evenings

July 21 - December 15, 2016

6:00 - 7:30 p.m.

Neighborhood House

201 N. 25th Street

Louisville, KY 40212



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

Please complete application

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>Once a Month on Thursday nights beginning July 21, 2016 – December 15, 2016 · 6:00– 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 by 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.