



DEPARTMENT OF
**COMMUNITY
SERVICES**

Louisville Metro Community Services
Advocacy and Empowerment division

Finance 4 U
FREE Financial Empowerment Workshop Series

Thursday Evenings

May 7, 2015 - June 11, 2015

5:30 - 7:30 p.m.

The Fuller Center for Housing
4509 W. Market Street
Louisville, KY 40212



Topics:

- \$ Tracking your Spending, Spending Plan
- \$ Spending Wisely – Coupons
- \$ The Good Credit Activity
- \$ Credit Reports /Scores – How important are they?
- \$ Banks / Credit Union – Which is for me?
- \$ Microenterprise / Insurance



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. 3rd 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.

Applications may be submitted up until May 7, 2015 at 4:30 p.m. (or until classes are filled).



**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: Thursdays, May 7, 2015 – June 11, 2015 · 5:30 – 7:30 p.m.			
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 Community Services 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	Client Signature	Date	

Participants selected on a first-come, first served basis. Applications may be submitted up until close of business day on May 4, 2015 at 4:30 p.m. (or until classes are filled) to the Department of Community Services; Attn: Joi E. Boyd; 810 Barret Avenue, 3rd 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.