

Maternity Leave Match Savings Fund

Return to: Project Everlast,
7101 Mercy Rd., Suite 106, Omaha, NE, 68106
or Email rkocol@nebraskachildren.org

Applicants must have bills in their name, be pregnant, live in Douglas County and have a source of income. The applications will be reviewed as received. Please allow up to 15 business days for review and processing of applications. Applications must be filled out completely to be considered. **Questions:** Call or text Rachel Kocol at 402-709-2659

General Information

First & Last Name: *(please print)* _____ Pronouns: _____
Date of Birth: _____ Age: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alternative Phone: _____
Email address: _____

Gender

Male Female Trans/Transgender Another gender: _____ Prefer not to say

Race: Please check all that apply

Black/African American Hispanic/Latino White/Caucasian Asian Prefer not to say
 Native Hawaiian/Other Pacific Islander Native American/Alaskan Native Other _____

Background Information

How far into your pregnancy are you: _____ When is your due date: _____

How many children do you currently have (not including your current pregnancy): _____

How long are you planning on being on maternity leave? _____

What is your current living situation?

Family Friends Relatives On own Foster home Homeless Other _____

Is this living situation one you will remain in for at least 6 months? YES or NO _____

Do you have a lease in your name? _____

Financial Information

Are you getting assistance from other programs or resources in the metro area? YES or NO _____

If yes, please explain where: _____

Are you currently employed? YES or NO _____

If yes, where are you working? _____

How many hours do you work in one week? _____

Are you able to save money for this program? _____

Are you currently enrolled in school? (GED, high school, college, etc.) YES or NO _____

If yes, what school are you attending? _____

Support System

Is your child's father going to be involved moving forward? _____

Do you have people you can rely on in time of need? _____

If yes, please explain? _____

Current Monthly Budget

FIXED EXPENSES

- _____ Rent
- _____ Utilities
- _____ Cell Phone
- _____ Internet
- _____ Car Payment/Lease
- _____ Gasoline/Bus Tickets
- _____ Car Insurance
- _____ Child Care
- _____ Groceries

Total Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Money left over each month: \$ _____

Questions related to program- Yes or No

Are you willing to work with some type of coach or supportive person?

Are you willing to take a prenatal or newborn class?

Are you willing to participate in a post assessment?

What bills are currently in your name?

How would this program be beneficial to you?

Please remember you will be required to prove that you saved the money before being matched - this will be done by providing a bank statement to Project Everlast. Fill this form out to the best of your ability and knowledge before turning it in.

I certify all information on this application is true, complete, and accurate. I understand any information given falsely or withheld may make me ineligible for consideration or award. I understand that funds must be used for the purpose stated on this application and that I will be required to submit proof of purchase. I also understand that money received through the Maternity Savings Program is considered income by the IRS and must be reported for tax purposes.

Applicant Signature

Date

Office Use Only:

Approved Yes No Date Approved: _____ Date Paid: _____ Amount Paid: _____ Funding Budget: _____

	Rent: _____		Utility Bills: _____		Car payment: _____		Car insurance: _____		Other: _____
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