



DEPARTMENT OF  
**COMMUNITY  
SERVICES**

**Louisville Metro Community Services**  
**Advocacy and Empowerment division**

*Finance 4 U*

*Free Financial Empowerment Workshop Series*

**Wednesday Evenings**

**January 21, 2015 - March 4, 2015**

**5:30 pm. - 7:30 p.m.**

**Urban Government Center**

**Louisville Metro Community Services**

**810 Barret Ave**

**Topics:**

- \$ Tracking your Spending**
- \$ Spending Wisely— Coupons**
- \$ Start Fresh**
- \$ Credit Reports /Scores—How important are they?**
- \$ Banks / Credit Union — Which is for me?**
- \$ Microenterprise / Insurance**

**Facilitator:**

**Joi E. Boyd, Social Service Program Specialist**



Tired of juggling your money?



Ready to become financially empowered?

**TO CREATE WEALTH BEGINS WITH ONE STEP!**

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

To register, contact:  
Joi E. Boyd  
Louisville Metro Community Services  
810 Barret Ave. 3rd Floor  
Louisville, KY 40204

Phone: 502-574-7301  
Fax: 502-574-5548  
E-mail: [joi.boyd@louisvilleky.gov](mailto:joi.boyd@louisvilleky.gov)

Application available at:  
[www.louisvilleky.gov/government/community-services/financial-education](http://www.louisvilleky.gov/government/community-services/financial-education)

*Knowledge Is Power & Empowerment Comes From Within*

**Applications may be submitted up until January 19, 2015 at 4:30 p.m. (or until classes or 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: <b>Every Wednesday beginning January 21, 2015 – March 4, 2015 5:30 p.m. – 7:30 p.m.</b>			
HIGH/SECONDARY SCHOOL INFORMATION			
Highest Level of Education Completed		Diploma/GED Date	
CURRENT EMPLOYER INFORMATION			
Job Title	Employer	Work Days	Work Hours
REQUIRED DOCUMENTS			
<p><b>Please attach the following required documents to this application:</b></p> <p><input type="checkbox"/> Copy of Driver's License (or State issued I.D.)</p> <p><input type="checkbox"/> Copy of Social Security Cards for all household members</p> <p><input type="checkbox"/> Proof of income for previous month (check stubs, food stamp letter, etc.)</p>			
EXPECTATIONS			
<p><input type="checkbox"/> Attend all scheduled classes and arrive on time</p> <p><input type="checkbox"/> Participate in class activities and complete all assignments</p> <p><input type="checkbox"/> Maintain confidentiality concerning information discussed in class</p> <p><input type="checkbox"/> Seek legal or professional advice from professionals only</p> <p><input type="checkbox"/> Notify class coordinator of absence within 48 hours of next scheduled class</p> <p><input type="checkbox"/> Maintain contact with Community Services staff for three (3) months after completion of class</p>			
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 January 19, 2015 4:30 p.m. (or until classes are filled) to the Department of Community Services; Attn: Joi E. Boyd; 810 Barret Avenue, 3<sup>rd</sup> fl. 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.*