

Reaching Independence through Savings and Education (RISE) Match Savings Program

Candidate Application

Instructions: This application is to only apply for the Reaching Independence through Savings and Education (RISE) Match Savings Program. This application does not guarantee enrollment in the RISE Program. This application is not mandatory for individuals currently receiving TANF benefits. **Note:** Although you may be accepted into the RISE Match Savings Program and meet all program requirements, a match payment will only be provided if funding is available.

Basic eligibility requirements:

- ✓ You currently receive monthly TANF payments for you and your children, **or** You are currently receiving a VIEW Transitional Payment (VTP), **or** You are not receiving monthly TANF payments or a VTP, but your total household earned income (before taxes) is 200% of the year federal poverty level, **and**
- ✓ You and your family live in a locality that has a RISE Match Savings Program, and
- ✓ You are at least 18 years old; and
- ✓ U.S. citizen, or legal immigrant; and
- ✓ Virginia resident; and
- ✓ Have earned income from full or part-time employment (this includes self-employment).

DO NOT complete this application if you have an outstanding state lien or owe past child support.

These must be resolved to apply.

- 1) **Read, complete and submit the application. You will most likely do this at home. It is important that you provide honest, accurate and complete information. Only submit pages 5-14.**

Ways to submit your completed application.

- With your current TANF (TANF-UP)/VIEW worker at a participating Local Department of Social Services (see page 2), or
- With a participating Intermediary within your area/locality (see page 2), or
- Mail the completed application to:

Virginia Department of Social Services
 TANF – Reaching Independence through Savings and Education (RISE) Program
 5600 Cox Road
 Glen Allen, VA 23060

- 2) **A RISE Program Intermediary will contact you to schedule a meeting.**
- 3) **Meet with the RISE Program Intermediary to review the application and determine your eligibility. The Intermediary will determine your eligibility and look at other factors like those listed below.**
 - Do you have stable income?
 - Do you have a lot of debt?
 - Do you have credit issues? If so, then do you need assistance in addressing these issues?
 - Do you have time to repair these issues before meeting the program deadline?

Participating Intermediaries and Local Departments of Social Services

If accepted into the RISE Match Savings program, then an Intermediary will work with you, as a saver.

(1) Intermediary: Community Action Agency: Hampton Roads Community Action Program (HRCAP)
<https://hrcapinc.org> - The following DSS offices may refer RISE Program applicants to HRCAP:

Chesapeake DSS	Essex DSS	Gloucester DSS
Hampton DSS	Matthews DSS	Middlesex DSS
Newport News DHS	Norfolk DHS	Portsmouth DHS
Suffolk DSSs	Virginia Beach DHS	York/Poquoson Social Services

(2) Intermediary: Community Action Agency: People Incorporated of Virginia (People Inc.)
<https://www.peopleinc.net> - The following DSS offices may refer RISE Program applicants to People Inc.:

Bland County DSS	Bristol City DSS	Buchanan County DSS
Clarke County DSS	Culpeper County DSS	Dickenson County DSS
Fauquier County DSS	Frederick County DSS	Manassas City DFS
Manassas Park DSS	Page County DSS	Prince William County DSS
Rappahannock County DSS	Russell County DSS	Scott County DSS
Shenandoah County DSS	Smyth County DSS	Warren County DSS
Washington County DSS	Wise County DSS	Wythe County DSS

(3) Intermediary: Community Action Agency: Total Action for Progress (TAP)
<https://tapintohope.org> - The following DSS offices may refer RISE Program applicants to TAP:

Alleghany-Covington DSS	Bath County DSS	Botetourt County DSS
Craig County DSS	Roanoke City DSS	Roanoke County DSS
Rockbridge-Buena Vista-Lexington Area Social Services		

(4) Intermediary: Community Action Agency: Thrive Virginia (Thrive Va)
<https://www.thriveva.org> - The following DSS offices may refer RISE Program applicants to Thrive Va:

Caroline DSS	Charles City DSS	Chesterfield/Colonial Heights DSS
Fredericksburg DSS	Hanover DSS	Henrico DSS
King and Queens DSS	King George DSS	King William DSS
New Kent DSS	Spotsylvania DSS	Stafford County DSS

RISE Program Application: Frequently Asked Questions (FAQs)

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If accepted into the RISE Program, what eligible uses may I use the match funds for? There are five eligible uses you may use for your savings and matching funds towards: (1) purchasing a home **in Virginia**, (2) purchasing a vehicle, (3) paying for post-secondary education for you or your children, (4) expanding or starting your own business, or (5) achieving self-sufficiency.

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What is a local Intermediary and how do I find one? Intermediaries are local organizations, or Community Action Agencies, that have been selected to offer the RISE Program. These organizations are non-profits and public community action agencies whose work focuses on creating economic opportunities and facilitating mobility away from poverty for the people of Virginia.

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What is 200% of the Federal Poverty Level? The Federal Poverty Level in 2025 for the month is listed in the chart. The combined earned income for savers and their family cannot be more than the amount below for their family size **before taxes** are removed from their paycheck.

200% of the 2025 Federal Poverty Level Per Month														
Household/Family Size														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
\$2,608.33	\$3,525.00	\$4,441.67	\$5,358.33	\$6,275.00	\$7,191.67	\$8,108.33	\$9,025.00	\$9,941.67	\$10,858.33	\$11,775.00	\$12,691.67	\$13,608.33	\$14,525.00	

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What is earned income? To be a RISE Program saver, you must have earned income from full-time, part-time wages or self-employment. You will need to provide **copies of pay stubs for the two (2) most recent months and your most recent tax return***, to your Community Action Agency/Intermediary.

If you own a business, you must provide a copy of your most **recent business tax return or proof of earned income to be eligible for RISE**. If the only income you have is from non-employment sources (see Chart 1), you are NOT eligible to participate in the RISE Program.

What Counts as Earned Income	
YES	NO
	TANF (monthly payments)
	Alimony Payments
	Child Support
	Dividend Income from Stocks and Bonds
	Interest Income
	Investment Income
	Pension Funds/Retirement Income
	Private Disability Insurance Payments
	Settlements
	Social Security
	Social Security Disability Income (SSDI)
	State and Federal Training Stipends
	Supplemental Security Income (SSI)
	TANF
Wages from full or part-time employment (including self-employment)	Unemployment Compensation
	Veteran Benefits

⑤ **How do I show earned income from my self-employment if I did not file a business tax return and don't have pay stubs?** You MUST provide the following as proof of the income earned to be eligible for RISE:

- ✓ Profit and loss statement for the previous and current year; **AND**
- ✓ Copies of paid invoices **OR** letters from customers verifying that the candidate is employed by them to perform (specify service) on what basis (daily, weekly, monthly) and are paid (specify the amount) for the service along with cancelled checks if possible.

⑤ **Is there a limit to how much I can save in the RISE Program?** Yes. You are allowed to save up to \$500 in your savings account. Once you reach the limit, you can deposit more, but only the goal amount will be matched up to \$4,000 when you complete the RISE Program participation requirements.

⑤ **How will saving for the RISE Program impact my TANF case?**

For TANF recipients, money being saved in a savings account will be considered as an income disregard for TANF. Any other withdrawals from your savings account that are not associated with the RISE Program will count as unearned income in the month of the withdrawal and will impact your eligibility for TANF.

You will need to provide documentation to your DSS worker that the new savings account is for the RISE Program.

⑤ **What will I be required to do if I am accepted into the RISE Program?** If accepted into the RISE Program, you will receive the Saver's Handbook, be required to open a new savings account with a FDIC insured bank and complete financial education and asset-specific training. These trainings will give information on how to:

- Reduce your debt
- Develop a savings plan
- Prepare for your savings goal
- Research your credit history
- Invest
- Manage money
- Trainings related to your savings goal. Training may be in the form of one-on-one counseling, classroom training, peer support, or online training.

⑤ **What if I lose my job while enrolled in the RISE Program?** If you lose your job after enrolling, you will be given a five (5) months grace period. If you find a job within the 5 months, you will be able to participate in the program.

⑤ **What if I choose to use the match money for another reason other than my financial goal?** Savers must sign an agreement to use the match for its intended purposes. If savers receive the match payment and do not use it for its intended purpose, then the match payment will be considered lump sum for TANF. Also, the saver will be terminated from the RISE Program and will be required to return the match payment to VDSS.

⑤ **What is a blocked account control agreement with the bank?** A blocked account control agreement is an agreement that requires the Intermediary to be notified if the RISE Program participant before making any changes to their accounts, such as canceling or withdrawing funds from the new savings that was opened specifically for the RISE Program participation. Please talk to the Intermediary for more information.

⑤ **If I have match money left after I purchase my asset, can I use it to purchase another asset?** Individuals who successfully purchase one asset (a home, for example) through the RISE Program may also reapply to the program for the purchase of a different asset (college classes, for example) provided that they are still eligible, it is within 24 months of their eligibility period (with no break in RISE Program participation), and do not exceed the \$4,000 in match funds.

Reaching Independence through Savings and Education (RISE) Match Savings Program

Candidate Application

Need Help? To help you answer the application questions, whenever you see this symbol , please refer to the Frequently Asked Questions section on pages 3-4.

RISE Program Application

1) **Name of Intermediary:** (Select only one from page 2): _____

2) **My financial goal for wanting to participate in the RISE Match Savings Program is related to:** 
 Business ownership Homeownership in Virginia Education
 Transportation Self-Sufficiency [details: _____]

A. Your Personal Information

3) **First Name:** _____ **Last Name:** _____

4) **Select only one (1) option that applies to you now:**

I get a monthly TANF payment for me **and** my children? My TANF case number is: _____.

I do not get a monthly TANF payment, but I do currently receive a VIEW Transitional Payment (VTP).

I do not get a monthly TANF payment or a VTP. The income earned (before taxes) for my entire household is at or less than the 200% Federal Poverty Level per month. .

5) **Date of Birth:** _____

6) **Gender:** Male Female Other Prefer not to answer

7) **Street** (Physical address only/No P.O. Boxes): _____ Apt. #: _____

City: _____ State: _____ Zip: _____ - _____

8) **Email Address:** _____

By providing your email, you give permission to the Department of Social Services and the Community Action Agency to email you information about the RISE Program and your participation in the program.

9) **Phone:** Home _____ Work: _____ Cell: _____

By checking this box, you give permission to the Department of Social Services and the Community Action Agency to send text messages to your mobile device. You will be responsible for any charges as a result of the program text messages.

10) **Marital Status:**

Single (never married) Married
 Divorced Widowed

Separated
 Prefer not to answer

11) Racial Heritage: Please check all that apply:

American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Unknown/Other Prefer not to answer

12) Ethnicity:

Hispanic/Latino Not Hispanic/Latino Prefer not to answer

13) Highest Level of Education Completed:

<input type="checkbox"/> Grade K through 5	<input type="checkbox"/> Grade 6 through 8
<input type="checkbox"/> Grade 9 through 11	<input type="checkbox"/> High School Diploma/GED
<input type="checkbox"/> Vocational School Diploma	<input type="checkbox"/> Some college
<input type="checkbox"/> AA Degree/graduated 2 year college	<input type="checkbox"/> BA/BS Degree/graduated 4-year college
<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Declined to ID	

14) Are you a United States Citizen? Yes No If No, you must be a legal resident within the United States Citizenship and Immigration Services (USCIS) and attach a photocopy of your eligibility documentation (a copy of the front and back).

15) Emergency Contact

Identify a relative or friend who would know how to contact you in case of an emergency, even if you move:

Name: _____ Phone: _____

16) Beneficiary:

(Note: This information needs to be shared with your bank representative when you open your new savings account for RISE.)

First Name: _____ Last Name: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

17) Do you meet the definition of a first-time homebuyer, meaning you have not owned a home nor had ownership interest in a primary residence within the last three years? Yes No

B. Your Employment Information

18) What is your *main source* of earned income?  If you hold several jobs or hold a job and have a side business, you will list **all** these sources of earned income under the **Household Income section**. For this question, only provide the main source of the earned income on which you live.

Are you employed full-time or part-time?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer:	Position:	

How long have you been employed with your employer?*

Optional*: What industry is this?

You may select the industry from

https://www.bls.gov/IAG/TGS/iag_index_naics.htm.

19) If your source of income earned is from self-employment (you own a business), then please tell us the following. Please also include copies of your two most recent business tax returns: 

- a. Type of product or service: _____
- b. Year you started the business: _____
- c. Your projected gross revenue for the current year: \$_____
- d. Your gross revenue for the last year: \$_____
- e. Your projected income for the current year (before taxes): \$_____
- f. Your income for the last year (before taxes): \$_____
- g. Value of any outstanding business loans or other liabilities: \$_____
- h. Value of business (including the value of the building, equipment, inventory, and all other business assets): \$_____
- i. Do you have a business license? Yes No or No, I don't need one in my county/city.

C. Your Household Income Information

20) Please list all the members of your household , including yourself. Use the following terms for their relationship to you: child, grandchild, grandparent, guardian, other occupant, other relative, parent, self, spouse.

Household Member Name:	Date of Birth:	Relationship to the RISE applicant:
		Self
Total number of persons living in the household		

21) For each member of the household, including yourself, list the amount of earned income received from employment before taxes (full, part or self-employment). 

Self (<input checked="" type="checkbox"/>)*	Applicant's Name	Source of Earned Income	Hourly wage	Hours per week	Monthly earned income before taxes
✓					
✓					
TOTAL EARNED INCOME OR SELF (2A)					

2A

Other Household Members	Source of Earned Income	Hourly wage	Hours per week	Monthly earned income before taxes
TOTAL EARNED INCOME OR ALL OTHER HOUSEHOLD MEMEBERS (2B)				

2B

22) For each member of the household, including yourself, list the income received from unearned/other non- employment sources. 

Self (<input checked="" type="checkbox"/>)*	Applicant's Name	Source of unearned income	Received per month	Monthly unearned/non- employment income before taxes
✓				
✓				
TOTAL NON-EMPLOYMENT INCOME FOR SELF (3A)				

3A

Other Household Members	Source of unearned income	Received per month	Monthly unearned/non- employment income before taxes
TOTAL NON-EMPLOYMENT INCOME OR ALL OTHER HOUSEHOLD MEMEBERS (3B)			

3B

23) Indicate the total income for yourself and the other household members.

Self	Add the totals from 2A and 3A , place the amount there 	\$ _____	Place the amount in Section D for Total Income A - Self
Other Household Members (OHHM)	Add the totals from 2B and 3B , place the amount there 	\$ _____	Place the amount in Section D for Total Income A – OHHM

D. Monthly Cash Flow

24) Complete the following chart.

MONTHLY TOTAL INCOME FROM PAGE 6 (STATEMENT #4).	Self	Other Household Members (OHHM)
Total Income (A)		

Fixed Expenses - A fixed expense just means an expense in your budget that you can expect to stay the same, or close to it, over time. When you sit down to make your monthly budget, you don't have to guess how much you'll pay toward fixed expenses.

MONTHLY FIXED EXPENSES	Self	OHHM
Rent/Mortgage payment		
Vehicle Loan		
Student loans		
Cell/Home Phone		
Streaming Services		
Internet Services		
Trash Pick-up		
Medical/Dental/Optical Insurances		
Auto Insurance		
Life Insurance		
Renter/Home Insurance		
Property taxes		
Child Support/Alimony		
Childcare		
Savings		
Memberships (Personal)		
Memberships (Professional)		
Personal Loans/Other types of loan payments		
Other Fixed Expenses		
Total Fixed Expenses (B)		

MONTHLY EXPENSES	Self	OHHM
Total Fixed Expenses (B)		
+ Total Flexible Expenses (C)		
Total Monthly Expenses (D)		

Flexible Expenses - A flexible expense may recur from month to month. But the amount you pay in any given month could be different from previous payments or ones you'll make in the future.

MONTHLY FLEXIBLE EXPENSES	Self	OHHM
Groceries		
Electricity(Utility) bill		
Gas/Oil (Utility) bill		
Water/Sewer bill		
Food Delivery		
Dining Out		
Entertainment		
Hobbies/recreation		
Laundry/Dry Cleaning		
Purchasing Clothes		
Cleaning Supplies		
Vehicle - Gas/Electric fees		
Vehicle Maintenance		
Rideshare Services		
Parking/Tolls		
App Purchases		
Church/Charity		
Tuition/Books		
Pets		
Lottery/Bingo		
Lawn Care		
Other Maintenance/Repairs		
Other Flexible Expenses		
Total Flexible Expenses (C)		

CALCULATIONS	Self	OHHM
Total Income (A)		
minus		
Total Monthly Expenses (D)		
= Monthly Cash Flow (+/-)		

E. Assets and Debts owed

25) Complete the following chart.

ASSETS	Self	OHHM
Cash on Hand		
Money in Savings Account(s)		
Money in Checking Account(s)		
Stocks, Bonds, CDs/ other investments		
Retirement Plan, 401K, etc.		
Real Estate/Land		
Owned Vehicle(s)		
Cash Value Life Insurance		
Other Assets		
Total Assets		

DEBT OWED	Self	OHHM
Mortgage Loan		
Student Loan(s)		
Vehicle Loan		
Unpaid Medical Debt		
Major Credit Cards		
Store Credit Cards		
Personal/Other Loan(s)		
Unpaid Taxes		
Money Owed to Family/Friends		
Other Debt Owed		
Total Debt Owed		

F. Candidate's EITC History

26) Do you know about the Earned Income Tax Credit (EITC)? Yes No

27) Have you ever received an EITC refund? Yes No

28) Do you plan to use EITC this year? Yes No

29) Will you deposit a portion of your tax refund into your new savings account for the RISE Program? Yes No

G. Candidate's Banking History

30) Do you currently have open bank accounts? Yes No

31) What types of open bank accounts do you have? Checking
 Savings
 Both
Other _____

32) Are all your current bank accounts in good standing? Yes No

33) If you answered "No" to question 3, then please explain.

34) Name(s) of current bank(s)

35) Have you ever used a direct deposit? Yes No

36) To enroll into the RISE Program, participants must:

- a. be **willing** to open a new savings account in their name only,
- b. be **able** to open a new savings account in their name only; and
- c. agree to sign a blocked agreement if it is available at the bank of your choice. 

I agree with #7.
 I do not agree with #7.

H. Savings Plan and Contract Agreement for the RISE Program

Name of RISE Match Savings Program Applicant: _____

If selected for the RISE Program, the applicant will become the saver. The saver must agree to:

- 1) **Participate in the RISE Program** for more than 6 months and up to 24 months to reach the intended financial goal.
- 2) **Work with an Intermediary** throughout participation in the RISE Program and do the following:
 - a. Participate in monthly follow-ups and coaching sessions with the Intermediary to review savings progress and to discuss any issues that are occurring that would keep the Saver from purchasing their asset.
 - b. Complete financial literacy and asset-specific training through the local RISE Intermediary, or an approved training provider, to be eligible to receive any match funds. Financial education will cover such topics as financial management, budget and credit repair, loan development, and personal financial planning (i.e., savings and investments, insurance, wills, and tax planning). Asset-specific training will include homebuyer education, vehicle maintenance, post-secondary education research, or market research for a business startup.
 - c. Provide the Intermediary with an updated account transaction history for the new savings account only, upon request.
 - d. Inform the Intermediary of any change of address or other contact information.
 - e. Consult with the Intermediary about an emergency withdrawal.
- 3) **Open a new savings account** with a Federal Deposit Insurance Corporation (FDIC) insured bank or National Credit Union Administration (NCUA) insured credit union.
 - a. The Saver must open a new savings account with a minimum of a \$25.00 initial deposit.
 - b. The Saver's name must be the only name on the savings account.
 - c. The Saver's saving account must be utilized by the Saver for the sole purpose of participation in the RISE Program, such that only earned income [from full-time, part-time or self- employment] and tax refunds will be deposited in the account.
 - d. Deposit a minimum of **\$25 per month** into the savings account from earned income or from tax refund only.
 - e. Use the match payment for its intended purposes. If not, the match payment will be considered income, and the local Department of Social Services will temporarily suspend the participant's TANF case.
 - f. Return all matched money that was not used for its intended purpose within 30 days of receiving a RISE Program match payment.
- 4) **Sign a blocked account agreement** with the bank of your choice, if available. Blocked accounts restrict account owners from unlimited and unrestricted use of their funds in that account.
- 5) If an emergency withdrawal is necessary, the Saver must **consult with the Intermediary before withdrawing from their account**. Withdrawals for medical care, payments necessary to prevent eviction, or funds to use to meet living expenses following loss of employment are considered a nonqualified emergency withdrawal. The saver will have five (5) months to repay a nonqualified emergency withdrawal from their RISE purposed savings account. If funds are not returned to the Saver's savings account within that period, the Intermediary reserves the right to terminate the Saver from the program. The Saver will forfeit match funds.
- 6) **Submit documentation** to the Intermediary showing that funds from the savings account were used to purchase the approved asset.
- 7) Upon completion of an asset purchase, the Saver will also **provide proof of purchase** of the asset to the Intermediary within 30 days of the date of the asset purchase.

Applicant will initial above.

Before eligibility is determined for me, the applicant, I also understand the following:

- 8) **Match payments will not be directly sent to the Saver.** For every \$1.00 deposited by the Saver, \$8 in matched funds will be sent to the saver's third-party vendor at the time of an asset purchase. The Saver may accrue match funds for savings up to \$500 with the total match amount not to exceed \$4,000.
- 9) If accepted into the RISE Match Savings Program, disbursement of match payments shall be subject to the availability of funding.
- 10) If the minimum savings amount is missed for (3) three consecutive months, then the Intermediary has the right to terminate the Saver's participation in the RISE Program. The Saver will forfeit any match funds from the Virginia Department of Social Services.
- 11) The Saver will work with the Intermediary to develop a savings plan that establishes specific dates during the timeframe by which the Saver will work to meet key benchmarks related to debt reduction; regular savings; training completion; deposit of Earned Income Tax Credit (EITC); selecting and "purchasing" the asset.
- 12) The Saver will be responsible for paying all banks fees. Bank fees include but are not limited to monthly maintenance/service fees, out-of-network ATM fees, excessive transactions fees, overdraft fees and insufficient fund fees.
- 13) All monies in the Saver's savings account, including interest earned, will belong to the Saver.
- 14) Any interest earned in the Saver's savings account will not be matched. For example, if a Saver completed all RISE Program requirements and reached a financial goal of saving \$200, and earned \$25 in interest, then \$200 will be matched, not \$225.
- 15) Withdrawal of funds for any purpose requires the official signature of the Saver and a representative from the Intermediary. The Saver will work through the Intermediary and follow all procedures to request withdrawals from the savings account. Unapproved withdrawals or transfers from the Saver's account by the Saver will result in termination of the program and forfeiture of match funds.
- 16) Non-qualified emergency withdrawals are considered on a case-by-case basis for medical care, for payments necessary to prevent eviction, or for the saver to use to meet living expenses following the loss of employment. In the case of an emergency withdrawal, the enrolled Saver may access only the funds which they have deposited into the account. No match funds will be available. The saver will have five (5) months to repay an emergency withdrawal from their RISE purposed savings account. If funds are not returned to the Saver's savings account within that period, the Intermediary reserves the right to terminate the Saver from the program. The Saver will forfeit match funds.
- 17) Qualified withdrawals (asset purchase, match, and savings) can only be made upon completion of all training and after monthly deposits have been made for a minimum of six months.
- 18) The match must be used at the time of asset purchase. No matching funds will be provided after the asset is purchased without the knowledge of the Intermediary.
- 19) After payment is issued to the Saver's third-party vendor to purchase the asset, if the purchase is terminated and the vendor issues a refund, the entire refund must be returned to the Intermediary. The Intermediary will return the Saver's contribution to the Saver and the match amount to VDSS.
- 20) Upon completion of an asset purchase, the Saver will provide proof of purchase of the asset to the Intermediary within 30 days of the date of the asset purchase.
- 21) If the Saver dies while participating in the RISE Program, the match payment will be forfeited.

I. Candidate's Signature

By signing this application, I _____ certify to the best of my knowledge and belief that all the information on this form is correct. This includes information such as my employment status, household size, number of household members, income, and expenses information. I fully understand that failure to report my income completely and accurately may result in my termination from the RISE Program and forfeiture of any future match funds, even if a qualified withdrawal request was processed or if my asset has already been purchased, and in those cases, I may be required to repay any program match funds that benefited me from my participation in the RISE Program.

Further, I understand that the information that I provided in this RISE Program application will be used only to determine my eligibility to participate in the RISE Match Savings Program.

By signing this document, I give the Virginia Department of Social Service (VDSS) permission to contact non-VDSS agencies and organizations in the process of establishing eligibility.

I hereby grant full authorization to the assigned Intermediary and its representatives, to use all information contained in this RISE Program application to determine my eligibility into the RISE Program, provide services and recommend required training.

By signing this application, the undersigned hereby acknowledges receipt and understanding of the guidelines set forth herein and agrees to abide by them. Further, the undersigned agrees to waive all personal claims, causes of action, and/or damages against the RISE Program and all its representatives, including, but not limited to, the Virginia Department of Social Services, the assigned Intermediaries, their officers, employees, and associates, arising from or growing out of their participation in the RISE Program. I understand that the Virginia Department of Social Services and the Intermediaries does not discriminate based on gender, ethnic heritage, national origin, personal appearance, personal beliefs, race, religion, or sexual orientation.

Candidate's Signature: _____ Date: _____

-----The section below must be completed by the Intermediary only!-----

J. Intermediary's Signature

The Intermediary listed below has received the application and will verify the necessary documentation to determine the applicant's eligibility to participate in the RISE Match Savings Program. A copy of this application and supporting documentation must be securely filed and kept at the office of the Intermediary administering the RISE Match Savings Program for tracking and auditing purposes.

The Intermediary and its representatives will not discriminate based on gender, ethnic heritage, national origin, personal appearance, personal beliefs, race, religion, or sexual orientation.

Name of Intermediary: _____

Name of Representative – (Print) Name/Title: _____

Representative's - Signature: _____ Date: _____

Date that application was received by Intermediary: _____

Date that eligibility was determined by the Intermediary: _____

Candidate was: Accepted Not accepted | Reason: _____