





Dear Applicant,

Enclosed you will find an application for the Assets to Opportunity program. Please note that a signed and completed application must be submitted in order for your application to be processed.

-  Make sure your application is completely filled out. Provide an email address and **CORRECT** contact information.
-  After you submit your application packet, it will take **8 – 10 business days to review**.
-  A staff member will contact you to discuss your application and request any additional documentation required. Please make sure you provide legible copies of the documents.
-  If you are approved or denied, you will be contacted via email.

If you have questions regarding the application process or documentation requirements, please contact us for additional information. Thank you!

## Assets to Opportunity Contact Information & Drop Off Instructions

Application & Documentation can be submitted via:  
DROP OFF, MAIL, EMAIL / SCAN, or FAX

A New Leaf-Mesa Community Action Network (MesaCAN)  
**ATO Program**  
635 East Broadway Road  
Mesa AZ 85204

Phone: 480-833-9200 ext. 3415 or ext. 3416  
FAX: 480-962-1216

**ato@turnanewleaf.org**

Please note:

All information requested on this application form will be kept CONFIDENTIAL within Mesa Community Action Network(CAN) ATO Program, partner organizations, and evaluators. Much of the personal and financial information collected on this form is necessary only for program evaluation purposes.

**PRINT CLEARLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name – Middle Initial – Last Name Month Day Year

SSN: XXX – XX – \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_, Arizona Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you had assistance with A New Leaf Before:  No  Yes, what program: \_\_\_\_\_

What barriers do you currently face?  None  Housing  Insufficient Income  Health  Legal

Were you referred to the ATO Program by another Organization?  Yes  No If Yes: check referring source:  
 A New Leaf Website  College Bound  Friend  ATO Presentation  Other: \_\_\_\_\_

### Assets to Opportunity Goal

**Please select one:**  Education – Post Secondary  Small Business

**Highest Level of Education:**  Grades K-5  6-8  9-11  HS Diploma/GED  
 Vocational Diploma/Degree  Some College  Associate Degree  BA/BS Degree  Graduate Degree

**Attending or Attended**

High School: \_\_\_\_\_ College/University: \_\_\_\_\_

Current/Future Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Study Abroad: \_\_\_\_\_  N / A

**The following information is required and used for compliance and reporting only.**

Note: Citizenship does not determine eligibility. Citizenship status may affect how our payments need to be submitted to educational institutions.

**Gender:**  Male  Female  Other

**Marital Status:**  Single Never Married  Married  Divorced  Separated  Widowed

**Primary Employment:**  Part-Time  Full-Time  Unemployed  Retired  Full-Time Student  
 Other: \_\_\_\_\_

**Are you of Hispanic / Latino Ethnicity:**  Yes  No

**Race: Check One**

White  Black / African American  Black or AA & White  Asian  
 American Indian/ Alaska Native  American Indian / AN & White  Asian & White  
 American Indian / AN & Black/ AA  Native Hawaiian/ Other Pacific Islander  Other Multi-Racial

**Native Language:**  English  Spanish  Other: \_\_\_\_\_

**Citizenship Status:**  US Citizen  Other: \_\_\_\_\_

## ATO Program Application Calculating Household Net Worth

**IMPORTANT: PLEASE READ CAREFULLY AND CHECK THE BOX THAT BEST APPLIES TO YOU.**

- You are 16 or older and have earned income (regardless of who you are living with), you are considered your own household.
- You are 16 or older, do not have earned income and are living with parents/guardians or other working adults.

Please fill in the charts below showing what your household assets and what your household liabilities.

Primary Vehicle	Value: \$ _____
Primary Residence	Value: \$ _____

### ASSETS

### LIABILITIES

ASSETS		LIABILITIES	
Secondary Vehicle Value:	\$	Primary Vehicle Balance Owed:	\$
Secondary Residence Value:	\$	Secondary Vehicle Balance Owed:	\$
Checking Account(s) Value:	\$	Primary Residence Mortgage:	\$
Savings Account(s) Balance:	\$	Secondary Residence Mortgage:	\$
Investment Balance(s): Ex: 401K, IRA, Stocks, Bonds, Other	\$	Credit Card(s) Balance: Ex: MasterCard, Visa, Macey's, Etc.	\$
Personal Business Value:	\$	Bills Owed: Ex: Electricity, Gas, Waste Management, etc.	\$
Other Property / Real Estate Value(s):	\$	Outstanding Medical / Dental Bills:	\$
Whole Life Policy Insurance Value(s): Ex: CashOut Value, not coverage amount	\$	Personal Loan Debt: Ex: Ow ed to family / friends	\$
Other Assets:	\$	Student Loan Balance:	\$
	\$	Other Debts:	\$
<b>Total Value of Assets:</b>	<b>\$</b>	<b>Total Value of Liabilities:</b>	<b>\$</b>
<b>CALCULATION</b>			
Total Assets - Total Liabilities:		\$	

## ATO Program Application Household Size & Income of Applicant

**IMPORTANT: PLEASE READ CAREFULLY AND CHECK THE BOX THAT BEST APPLIES TO YOU.**

- You are 16 or older and have earned income (regardless of who you are living with), you are considered your own household.

Do you have any dependent children (under 18)?  Yes  No

Number of dependent children: \_\_\_\_\_

Do you have any other dependents?  Yes  No

Number of dependent (s): \_\_\_\_\_

- You are 16 or older, do not have earned income and are living with parents/guardians or other working adults.

Do you have any dependent children (under 18)?  Yes  No

Number of dependent children: \_\_\_\_\_

Do you have any other dependents?  Yes  No

Number of dependent (s): \_\_\_\_\_

Monthly income before taxes of your household by source:

\$ \_\_\_\_\_ Formal Employment

\$ \_\_\_\_\_ Self-Employment

\$ \_\_\_\_\_ Government Assistance:  Food Stamps  SSI  Unemployment

\$ \_\_\_\_\_ Pensions or Retirement Income

\$ \_\_\_\_\_ Child Support / Alimony

\$ \_\_\_\_\_ Friends / Family

\$ \_\_\_\_\_ Investment Income

\$ \_\_\_\_\_ Rental Property Income

\$ \_\_\_\_\_ Other (specify): \_\_\_\_\_

Additional Income Source (s) – <i>Check all that apply:</i>	Currently Receiving	Has Ever Received	N / A
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal EIC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EITC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_