

**Michigan Saves!**  
**Sample D.**  
**SUMMARY OF MAJOR PARTICIPANT PROGRAM BENCHMARKS**

**Personal Information**

Date of Enrollment: \_\_\_\_\_ Site ID: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Alternative Phone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_  
 If married, is spouse in the program \_\_\_\_ yes Spouse Name: \_\_\_\_\_  
 Number of people in household: \_\_\_\_\_

**Account Information**

Date Opened Account: \_\_\_\_/\_\_\_\_/\_\_\_\_ Account Number: \_\_\_\_\_  H  M  E  
 Funded by:  CDBG \_\_\_\_:1  MIDAP \_\_\_\_:1  Other \_\_\_\_:1  Match \_\_\_\_:1  
 Targeted Monthly Savings Goal: \$ \_\_\_\_\_  
 Initial Deposit Amount: \$ \_\_\_\_\_ Asset Goal: \_\_\_\_\_  
 Anticipated length of time in program: \_\_\_\_\_ Months

**Program Benchmark Checklist**

	<b>Date Completed</b>
Orientation Session #1 Completed	_____
Orientation session 2 completed	_____
Application	_____
Income verification	_____
Account Opened	_____
Financial Management Education completed	_____
<b># of hours</b>	
Session 1	_____
Session 2	_____
Session 3	_____
Session 4	_____
Asset Specific training requirement completed	_____
<b># of hours</b>	
Session 1	_____
Session 2	_____
Session 3	_____
Asset Specific training (continued)	
<b># of hours</b>	
Session 4	_____
Session 5	_____
Session 6	_____
Has made monthly savings deposits fairly regularly	_____
Sufficient Credit Repair has occurred to purchase home (if applicable)	_____
Completed Saving Requirements	_____
Completed other Asset Specific Requirement (i.e. Business plan, education plan, education counseling)	_____
Request for Asset Withdrawal	_____
<b>Purchase Completed</b>	_____
One Year Follow-up	_____

☛ Instructions: May be used as a cover sheet for Participant files to record the progression of major program benchmarks.