

**Moving to Work Asset-Building Cohort**  
**Opt-Out-Savings Program Follow-Up Survey**  
**[Month] 2025**

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## 1. CROSSWALK OF OUTCOMES FOR THE IMPACT EVALUATION OF THE OPT-OUT SAVINGS PROGRAMS TO SURVEY QUESTIONS

Exhibit 1 provides a crosswalk of outcomes for the impact evaluation of the Opt-Out Savings Program to specific survey questions.

### **Exhibit 1: Crosswalk of Outcomes for the Impact Evaluation of the Opt-Out Savings Programs to Survey Questions**

Outcome (Proposed Key Outcomes Appear in Bold)	Survey Question(s)
<b>Savings</b>	
Has enough savings to cover \$400 emergency (%)	S2
Amount of money in savings accounts (\$)	F1a
Uses automatic deposit to save (%)	B4
<b>Financial Product Usage</b>	

<b>Outcome (Proposed Key Outcomes Appear in Bold)</b>	<b>Survey Question(s)</b>
<b>Has checking or savings account (%)</b>	F1, F2
Has a savings account (%)	F1
Has a checking account (%)	F2
Has used any high-cost financial services in the past 3 months (%) <sup>a</sup>	F3-F7
Paid fee for cashing check in past 3 months (%)	F8
Does not trust banks/credit unions (%)	F9
Charged an unexpected fee by a financial institution in the past 3 months (%)	F10
<b>Household Budgeting &amp; Spending</b>	
<b>Financial Capability Scale (mean of UW Madison scale)<sup>b</sup></b>	B1-B6
Difficulty covering expenses/paying bills (%)	S1
Charged late fee on bill or loan in last 3 months (%)	B6
<b>Economic Stability</b>	
<b>Has experienced food insecurity in the past 3 months (%)</b>	ES1
Has gone without needed health care due to affordability in the past 3 months (%)	ES2, ES3
Currently Employed (%)	ES4
<b>Housing Stability</b>	
<b>Has been behind in rent in the past 3 months (%)</b>	HS1
<b>Financial Well-Being</b>	
<b>Financial Well-Being Score (mean of 5-item scale)</b>	FW1-FW5
Financial Well-Being Score high or very high (%) <sup>c</sup>	FW1-FW5
Financial Well-Being Score low or very low (%) <sup>c</sup>	FW1-FW5

<sup>a</sup>High-cost financial services will be (1) rent- to-own service, (2) payday loan, (3) pawn shop loan, (4) tax refund anticipation loan, or (5) auto title loan.

<sup>b</sup>The University of Wisconsin's Center for Financial Security developed the Financial Capability Scale with the goal of developing a standardized client financial capability scale that could be used in the field with clients as well as in evaluation studies. More information on the scale can be found here: [FCS.pdf \(wisc.edu\)](#).

<sup>c</sup>A high or very high score is defined by CFPB as a score of 58 or higher; while a very low or low score is defined as a score of 37 or lower. [Financial Well-being toolkit 2019 \(consumerfinance.gov\)](#).

Note: Bolded outcome is considered the key outcome in that domain.

## 2. OPT-OUT SAVINGS IMPACT STUDY – VERBAL CONSENT FORM

### **OPT-OUT SAVINGS IMPACT STUDY – VERBAL CONSENT FORM** **Evaluation of the Moving to Work Asset Building Cohort**

Thank you for taking the time to speak with me today. My name is [NAME], and I'm a researcher at [ORGANIZATION].

**FOR ALL:** [PHA NAME] is participating in a study of financial wellbeing and housing stability. The U.S. Department of Housing and Urban Development (HUD) is interested in whether savings programs improve the financial wellbeing and housing stability of people who might participate in these programs. The research team is led by Abt Global and supported by MEF Associates. As part of this study, we would like to ask you about your experiences with saving and related financial challenges.

**FOR TREATMENT GROUP ONLY:** This survey should take about 30 minutes. We will ask you questions about your financial goals and aspirations, your experiences with banking, savings, and credit, and your experiences with [PHA NAME]'s [PROGRAM NAME]. As a reminder, in 2024 you were enrolled in [PHA NAME]'s [PROGRAM NAME]. This program automatically added funds to an escrow or personal savings account for you over a two-year period. The goal of this program was to help households increase savings for unexpected expenses.

As a token of appreciation for your participation in this survey, you will receive a \$40 electronic gift card by email. If you do not have an email address, we can mail you a physical gift card. Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have as I move through the introduction.

**FOR CONTROL GROUP ONLY:** This survey should take about 30 minutes. We will ask you questions about your financial goals and aspirations, and your experiences with banking, savings, and credit. As a token of appreciation for your participation in this survey, you will receive a \$60 electronic gift card by email. If you do not have an email address, we can mail you a physical gift card. Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have as I move through the introduction.

**FOR ALL:** Your participation in this survey is entirely voluntary. You can choose not to participate or not to answer any specific questions. You may end the conversation at any time. Your decision of whether to participate will not affect any of the services you receive from [PHA NAME].

The research team will write a summary report on groups of individuals. There will be no way to link your responses back to you in reports. The research team has been trained in protecting private information. The team uses safety procedures like secure computers and data storage systems to help protect data access by anyone other than the researchers.

I am required to tell you that the questions in this survey have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting

burden for this collection of information is estimated to average 30 minutes, including any follow-up. The OMB number is OMB #: XXX-XXXX, expiring on XX/XX/XXXX.

Do you have any questions about the study or today's discussion? [Pause for response and address any questions]

Do you agree to participate? [Pause for response]

If you have any questions later, you can contact:

Researcher Contact: Sarah Wolff, Project Director 919.294.7968 Sarah.Wolff@abtglobal.com	IRB Contact: Abt Global Institutional Review Board Administrator 877-520-6835 IRB@abtglobal.com. Reference Study # XXXX
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### 3. OPT-OUT SAVINGS FOLLOW-UP SURVEY

#### 3.1 Savings:

*Let's start off with some questions regarding your savings.*

**SAMPLE: ALL**

S1. (Source: UAS 453: 2022 U.S. FINANCIAL HEALTH PULSE SURVEY; q039) Which of the following statements best describes how your household has paid its bills over the last 12 months, that is since [MONTH/YEAR]? My household has been financially able to:

1. Pay all of our bills on time
2. Pay nearly all of our bills on time
3. Pay most of our bills on time
4. Pay some of our bills on time
5. Pay very few of our bills on time
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

S2: (Source: UAS 453: 2022 U.S. FINANCIAL HEALTH PULSE SURVEY; UAS q043) Suppose now that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense?

*[Interviewer note: If respondent would use more than one method, please select all that apply.]*

1. Put it on my credit card and pay it off in full at the next statement
2. Put it on my credit card and pay it off over time
3. With the money currently in my checking/savings account or with cash
4. Using money from a bank loan or line of credit
5. By borrowing from a friend or family member
6. Using a payday loan, deposit advance, or overdraft
7. By selling something
8. I wouldn't be able to pay for the expense right now [CANNOT SELECT THIS OPTION AND ANY OF OPTIONS 1-7]
9. Other, please specify:

#### 3.2 Financial Product Use:

*Next, I am going to ask you some questions regarding your use of different financial products.*

**SAMPLE: ALL**

F1. (Source: FTHB Study q E10) Do you currently have a savings account?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: F1=1 (Has a Savings Account)**

F1a. How much money do you currently have in savings accounts?

1. Less than \$100
2. \$100 - \$499
3. \$500 - \$999
4. \$1,000 - \$5,000
5. More than \$5,000
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: F1=1 (Has a Savings Account) AND the respondent is a treatment group member**

F1b. Did you open a savings account through [PHA NAME]'s [PROGRAM NAME]?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F2. (Source: FTHB Study q E9) Do you currently have a checking account?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F3. (Source: FDIC unbanked survey q CNBRTO) Some stores allow people to rent-to-own items such as furniture or appliances. In the past 3 months, did you or anyone in your household rent anything from a rent-to-own store because it could not be financed any other way?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F4. (Source: FDIC unbanked survey q CNBPD L) In the past 3 months, did you or anyone in your household take out a payday loan or payday advance from a provider other than a bank?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F5. (Source: FDIC unbanked survey q CNBPWN) In the past 3 months, did you or anyone in your household pawn an item at a pawn shop by temporarily leaving that item in the pawn shop's care in exchange for a short-term loan? Do not include selling an unwanted item to a pawn shop.

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F6. (Source: FDIC unbanked survey q CNBTAX) In the past 3 months, did you or anyone in your household take out a tax refund anticipation loan? This is a way to receive your tax refund faster than the IRS would provide it.

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F7. (Source: FDIC unbanked survey q CNBATL) Auto title loans use a car title to borrow money for a short period of time. They are NOT loans used to purchase a car. In the past 3 months, did you or anyone in your household take out an auto title loan?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F8. In the past 3 months, did you or anyone in your household pay a fee for cashing a check?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F9. (Source: Financial health Pulse Survey q D220) In general, how much do you personally trust financial institutions such as banks?

1. Completely trust (SKIP TO F10)
2. Mostly trust (SKIP TO F10)
3. Somewhat trust (SKIP TO F10)
4. Trust very little (GO TO F9a)
5. Trust not at all (GO TO F9a)
8. (VOL) DON'T KNOW (SKIP TO F10)
9. (VOL) REFUSED (SKIP TO F10)

**SAMPLE: F9=4 OR F9=5 (Has Very Little or No Trust in Financial Institutions)**

F9a. Why do you distrust financial institutions?

*[Interviewer note: Please select all that apply.]*

1. Hidden fees
2. High fees
3. Concerns about privacy
4. Concerns about how financial institutions handle personal information
5. Concerned that financial institutions do not have their best interests in mind
6. A previous bad experience with a financial institution
7. Other. Please specify: \_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

F10. During the past 3 months, have you been charged an unexpected fee by a financial institution such as a bank or credit union?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

### **3.3 Household Budgeting and Spending:**

*Next, I will ask you some questions regarding your household budgeting and spending.*

**SAMPLE: ALL**

B1. (Source: *Financial Capability Scale q1*) Do you currently have a personal budget, spending plan, or financial plan?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

B2. (Source: *Financial Capability Scale q2*) How confident are you in your ability to achieve a financial goal you set for yourself today?

1. Not at all confident
2. Somewhat confident
3. Very confident
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

B3. (Source: *Financial Capability Scale q3*) If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month?

1. Not at all confident



- 2. Somewhat confident
- 3. Very confident
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

**SAMPLE: ALL**

B4. (Source: *Financial Capability Scale q4*) Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

- 1. YES
- 2. NO
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

**SAMPLE: ALL**

B5. (Source: *Financial Capability Scale q5*) Over the past month, would you say your family's spending on living expenses was less than its total income?

- 1. YES
- 2. NO
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

**SAMPLE: ALL**

B6. (Source: *Financial Capability Scale q6*) In the last 2 months, have you been charged a late fee on a loan or bill?

- 1. YES
- 2. NO
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

**SAMPLE: ALL**

B7. (Source: *UAS 453; q004*) How would you rate your credit score? Your credit score is a number that tells lenders how risky or safe you are as a borrower.

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

### **3.4 Economic Stability:**

*Next, I would like to ask you a few questions about your financial experiences. Your experiences are very important to the study. Please remember that all of your answers will be kept confidential and will not be shared with your PHA.*

*For each of the next questions, please indicate whether or not the statements were true for you or your household's financial situation in the past 3 months.*

**SAMPLE: ALL**

ES1. (Source: [USDA ERS - Measurement](#)) In the past 3 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED (SKIP TO ES2)

**SAMPLE: ALL**

ES2. (Source: *Financial Health Pulse Survey qD021*) In the past 3 months, have you or someone in your household ever had to forgo healthcare because you couldn't afford it?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

ES3. (Source: *Financial Health Pulse Survey qD022*) In the past 3 months, have you or someone in your household ever stopped taking a medication or took less than directed due to the costs?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

ES4. (Source: *Financial Health Pulse Survey qD120*) Which of the following best describes your current employment status?

1. Working for pay
2. Not working for pay at all but looking for paid work
3. Not working for pay and NOT looking for paid work (e.g., retired, disabled, student, stay-at-home caregiver)
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**3.5 Housing Stability:**

**SAMPLE: ALL**

HS1. (Source: *Financial Health Pulse Survey qD020*) In the past 3 months, have you ever had trouble paying your rent or mortgage?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

### 3.6 Financial Wellbeing:

*For each of the following statements, please select the response that best indicates how well, in general, the statement describes you or your current situation.*

**SAMPLE: ALL**

FW1. (Source: [Financial Well-being toolkit q3](#)) How well does this statement describe you or your situation? “Because of my money situation, I feel like I will never have the things I want in life”

1. Completely
2. Very well
3. Somewhat
4. Very Little
5. Not at all
8. (VOL) DON’T KNOW
9. (VOL) REFUSED

**SAMPLE: ALL**

FW2. (Source: [Financial Well-being toolkit q5](#)) How well does this statement describe you or your situation? “I am just getting by financially”

1. Completely
2. Very well
3. Somewhat
4. Very Little
5. Not at all
8. (VOL) DON’T KNOW
9. (VOL) REFUSED (SKIP TO FW3)

**SAMPLE: ALL**

FW3. (Source: [Financial Well-being toolkit q6](#)) How well does this statement describe you or your situation? “I am concerned that the money I have or will save won’t last”

1. Completely
2. Very well
3. Somewhat
4. Very Little
5. Not at all
8. (VOL) DON’T KNOW
9. (VOL) REFUSED (SKIP TO FW4)

**SAMPLE: ALL**

FW4. (Source: [Financial Well-being toolkit q8](#)) How often does this statement apply to you? “I have money left over at the end of the month”

1. Always
2. Often
3. Sometimes
4. Rarely

- 5. Never
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED (SKIP TO FW5)

**SAMPLE: ALL**

FW5. (Source: [Financial Well-being toolkit q10](#)) How often does this statement apply to you?  
 “My finances control my life”

- 1. Always
- 2. Often
- 3. Sometimes
- 4. Rarely
- 5. Never
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED (SKIP TO FSS1)

**3.7 Family Self Sufficiency Program:**

Now I will ask you some questions regarding the Family Self Sufficiency Program [where applicable, we will insert local FSS program name].

**SAMPLE: ALL**

FSS1. Have you heard of the Family Self Sufficiency Program?

- 1. YES
- 2. NO
- 8. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

**I will give you a little description of the Family Self Sufficiency (FSS) program.**

*The FSS program aims to help households build up savings. As you know, any increased earned income increases a family's rent. However, for households in the FSS program, any increase in rent gets set aside in a savings account instead of going to the housing authority. This helps households build savings. At the same time, the FSS program can offer participants financial counseling and sometimes employment services. Households generally stay in the program about 5 years. Once a family graduates from the FSS program, they may access the savings account that holds their extra rent increments and use the money for any purpose.*

**SAMPLE: ALL EXCEPT MEDINA HOUSING AUTHORITY PARTICIPANTS<sup>1</sup>**

FSS2. Do you participate in the Family Self Sufficiency Program?

- 1. YES (GO to AQ1)
- 2. NO (GO to FSS2a)
- 8. (VOL) DON'T KNOW (SKIP TO AQ1)
- 9. (VOL) REFUSED (SKIP TO AQ1)

---

<sup>1</sup> Medina Housing Authority does not have an FSS program.

**SAMPLE: FSS2=2 (Does not participate in the Family Self Sufficiency Program)**

FSS2a. If you were given an option to participate in the Family Self Sufficiency Program, would you participate in it?

1. YES (GO to AQ1)
2. NO (GO to FSS2b)
8. (VOL) DON'T KNOW (SKIP TO AQ1)
9. (VOL) REFUSED (SKIP TO AQ1)

**SAMPLE: FSS2a=2 (Would not participate in the Family Self Sufficiency Program)**

FSS2b. Why would you not want to participate in the Family Self Sufficiency Program?

[DSET: Randomize Order]

[Interviewer note: Read options and select Yes or No for each option]

1. Concerns about losing other benefits [YES/NO]
2. Difficulty setting up an account [YES/NO]
3. Do not want to open a savings account [YES/NO]
4. Do not have time to set up an account [YES/NO]
5. Not enough information about the program [YES/NO]
7. Do not trust this program [YES/NO]
8. Do not trust the bank [YES/NO]
9. Do not trust the PHA [YES/NO]
10. Do not believe in free money [YES/NO]
11. Other, please specify \_\_\_\_\_
98. (VOL) DON'T KNOW
99. (VOL) REFUSED

### 3.8 Treatment Group Experiences with Opt-Out Savings Program

In 2024 you were enrolled in [PHA NAME]'s [PROGRAM NAME]. This program automatically added funds to an escrow or personal savings account for you over a two-year period. The goal of this program was to help households increase savings for unexpected expenses. The following questions are directly in relation to [PHA NAME]'s [PROGRAM NAME].

**Sample: All treatment group members**

AQ1. Are you currently participating in [PHA NAME]'s [PROGRAM NAME]?

1. YES (GO TO AQ2)
2. NO (GO TO AQ1a)
8. (VOL) DON'T KNOW (SKIP TO AQ2)
9. (VOL) REFUSED (SKIP TO AQ2)

**Sample: AQ1=2 (Treatment group members who are not participating in the program)**

AQ1a. Why did you decide to not participate in [PHA NAME]'s [PROGRAM NAME]? [DSET: Randomize Order]

[Interviewer note: Read options and select Yes or No for each option]

1. Concerns about losing other benefits [YES/NO]

2. Difficulty setting up an account [YES/NO]
3. Do not want to open a savings account [YES/NO]
4. Do not have time to set up an account [YES/NO]
5. Not enough information about the program [YES/NO]
6. Never received the program notice [YES/NO]
7. Do not trust this program [YES/NO]
8. Do not trust the bank [YES/NO]
9. Do not trust the PHA [YES/NO]
10. Do not believe in free money [YES/NO]
11. Other, please specify \_\_\_\_\_
98. (VOL) DON'T KNOW
99. (VOL) REFUSED

**Sample: AQ1a=1 (Treatment group members who are not participating in the program because they are concerned about losing benefits)**

AQ1b. What benefits were you worried about losing?

1. Medicaid or Children's Health Insurance Program (CHIP)
2. Temporary Assistance for Needy Families (TANF)
3. Programs that provide support based on a disability status or health condition (such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI))
4. Women, Infants and Children (WIC)
5. Supplemental Nutrition Assistance Program (SNAP or food stamps)
6. Section 8 or other housing programs
7. Energy or utility bill assistance
8. Child care subsidies
9. Other, please specify \_\_\_\_\_
98. (VOL) DON'T KNOW
99. (VOL) REFUSED

**Sample: AQ1=1 (Treatment group members currently participating in the program)**

AQ2. Apart from the monthly deposits by [PHA NAME], have you contributed any additional savings to the [PROGRAM NAME]'s account?

1. Yes (GO TO AQ2a)
2. No (SKIP TO AQ3)
8. (VOL) DON'T KNOW (SKIP TO AQ3)
9. (VOL) REFUSED (SKIP TO AQ3)

**Sample: AQ2=1 (Treatment group members who contributed own money to savings account)**

AQ2a. About how much have you contributed to the [PROGRAM NAME]'s savings account in the past 3 months?

6. Less than \$50
7. \$50 - \$99

8. \$100 - \$499
9. \$500 - \$999
10. More than \$1,000
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**Sample: AQ1=1 (Treatment group members currently participating in the program)**

AQ3. Have you used any of your savings from the [PROGRAM NAME]'s savings account in the past 3 months?

1. Yes (GO TO AQ3a)
2. No (SKIP TO AQ4)
8. (VOL) DON'T KNOW (SKIP TO AQ4)
9. (VOL) REFUSED (SKIP TO AQ4)

**Sample: AQ3=1 (Treatment group members who used savings from program)**

AQ3a. What did you use your savings for?

*[Interviewer note: Read options and select Yes or No for each option]*

1. Rent [YES/NO]
2. Childcare expenses [YES/NO]
3. Emergencies [YES/NO]
4. Utility bills (electricity, water, gas, etc.) [YES/NO]
5. Groceries [YES/NO]
6. Household items/necessities [YES/NO]
7. Transportation (car repairs, public transportation, insurance, etc.) [YES/NO]
8. Medical expenses (doctor visits, medications, etc.) [YES/NO]
9. Educational expenses (tuition, supplies, etc.) [YES/NO]
10. Employment (uniforms, trainings, etc.) [YES/NO]
11. Other. Please specify: \_\_\_\_\_
98. (VOL) DON'T KNOW
99. (VOL) REFUSED

**Sample: AQ1=1 (treatment group members currently participating in the program)**

AQ4. Did [PHA NAME]'s savings account improve your financial situation? Please think about the savings account and any funds that were added to the account as opposed to additional supportive services provided by your PHA.

1. YES (GO TO AQ4a)
2. NO (SKIP TO AQ5)
8. (VOL) DON'T KNOW (SKIP TO AQ5)
9. (VOL) REFUSED (SKIP TO AQ5)

**SAMPLE: AQ4=1 (Treatment group members who indicated that the savings account improved their financial situation)**

AQ4a. How did it improve your financial situation?

*[Interviewer note: Read options and select Yes or No for each option]*

1. Helped me learn more about savings and budgeting [YES/NO]
2. Encouraged me to open a bank account [YES/NO]

3. Helped me build my savings [YES/NO]
4. Other. Please specify:\_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**SAMPLE: AQ1=1 (Treatment group members currently participating in the program)**

AQ5. Apart from the monthly deposits, did [PHA NAME] provide any other supporting services as part of the [PROGRAM NAME], like financial education, coaching, or training?

1. YES (GO TO AQ5a)
2. NO (GO TO AQ5d)
8. (VOL) DON'T KNOW (SKIP TO AQ6)
9. (VOL) REFUSED (SKIP TO AQ6)

**SAMPLE: AQ5=1 (Treatment group members who are aware of other supporting services provided by the program)**

AQ5a. Did you participate in those supporting services?

1. YES (SKIP TO AQ5b)
2. NO (SKIP TO AQ6)
8. (VOL) DON'T KNOW (SKIP TO AQ6)
9. (VOL) REFUSED (SKIP TO AQ6)

**SAMPLE: AQ5a=1 (Treatment group members who participated in other supporting services)**

AQ5b. Did the supporting services improve your financial situation?

1. YES (GO TO AQ5c)
2. NO (SKIP TO AQ6)
8. (VOL) DON'T KNOW (SKIP TO AQ6)
9. (VOL) REFUSED (SKIP TO AQ6)

**SAMPLE: AQ5b=1 (Treatment group members who indicated that the supporting services improved their financial situation)**

AQ5c. How did the supporting services improve your financial situation?

*[Interviewer note: Read options and select Yes or No for each option]*

1. Helped me learn more about budgeting [YES/NO]
2. Helped me learn more about financial planning for the future [YES/NO]
2. Encouraged me to open a bank account [YES/NO]
3. Helped me build my savings [YES/NO]
4. Other. Please specify:\_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

SKIP to AQ6

**SAMPLE: AQ5=2 (Treatment group members who are not aware of other supporting services provided by the program)**



AQ5d. Would you have participated in supporting services like financial education, coaching, or training if your PHA provided them in addition to the monthly deposits?

1. YES
2. NO
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

Now please think about [PHA NAME]'s [PROGRAM NAME] program overall.

**Sample: AQ1=1 (Treatment group members currently participating in the program)**

AQ6. Did [PHA NAME]'s [PROGRAM NAME] have any negative effects on your financial situation?

1. YES (GO TO AQ6a)
2. NO (SKIP TO AQ7)
8. (VOL) DON'T KNOW (SKIP TO AQ7)
9. (VOL) REFUSED (SKIP TO AQ7)

**SAMPLE: AQ6=1 (Treatment group members currently participating in the program who indicated that the program had negative effects on their financial situation)**

AQ6a. How did [PHA NAME]'s [PROGRAM NAME] negatively affect your financial situation?

[DSET: Randomize Order]

*[Interviewer note: Read options and select Yes or No for each option]*

1. Affected my eligibility for other benefits (e.g., SNAP, Medicaid, TANF, SSI, SSDI, WIC, or some other program) [YES/NO]
2. Caused me to save less or spend more [YES/NO]
3. Did not allow me to access the savings for things I needed [YES/NO]
4. Was not enough to cover bills and unexpected expenses [YES/NO]
5. Increased financial demands on me from family members or friends [YES/NO]
6. Other. Please specify: \_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**Sample: AQ1=1 (Treatment group members currently participating in the program)**

AQ7. Overall, how satisfied are you with [PHA NAME]'s [PROGRAM NAME]?

1. Extremely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**Sample: AQ1=1 (Treatment group members currently participating in the program)**

AQ8. If the [PHA NAME] were to continue [PROGRAM NAME], how likely would you be to continue with your participation?

1. Very likely
2. Somewhat likely
3. Unlikely
4. Very unlikely
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

**Sample: All Treatment Group Members**

AQ9. What suggestions do you have to improve [PHA NAME]'s [PROGRAM NAME]?

1. Suggestion: \_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED (END SURVEY)

### 3.9 Control Group Specific Questions

**Sample: All Control Group Members**

AQ10. If [PHA NAME] were to provide you with a savings program where you receive regular payments from the PHA in a savings account, would you participate in that program?

1. YES (SKIP TO SURVEY ENDING)
2. NO
8. (VOL) DON'T KNOW (SKIP TO SURVEY ENDING)
9. (VOL) REFUSED (SKIP TO SURVEY ENDING)

**Sample: AQ10=2 (Control group members who would not participate in the program)**

AQ10a: Why would you not participate in it?

[DSET: Randomize Order]

[Interviewer note: Read options and select Yes or No for each option]

1. Concerns about losing other benefits [YES/NO]
2. Do not want to open a savings account [YES/NO]
3. Do not have time to set up an account [YES/NO]
4. Do not trust banks [YES/NO]
5. Do not trust the PHA [YES/NO]
6. Do not believe in free money [YES/NO]
7. Other, please specify \_\_\_\_\_
8. (VOL) DON'T KNOW
9. (VOL) REFUSED

### 3.10 Survey Closing and Incentive Module

Thank you for your time today. We appreciate your participation in this important study.

**C.1** Before we end the interview, I'd like to confirm your contact information so that we can process your [\$40/\$60] gift card as a token of appreciation for your time. This gift card will be sent to you electronically by email. If you do not have an email address, we can confirm your mailing address and send you a physical gift card. Updating your contact information will help us know how to reach you in case there are any issues with your gift card.

PROGRAMMER NOTE: Prepopulate contact information with information previously recorded at the start of enrollment.

**C1a.** I have your first name as: \_\_\_\_\_

**C1b.** I have your middle name/initial as? \_\_\_\_\_

**C1c.** I have your last name as? \_\_\_\_\_

**C1d.** Does your name have a suffix? \_\_\_\_\_

**C.2** Can you please provide your current address?

**C2a.** What is the street address or PO Box number? \_\_\_\_\_

**C2b.** Is there a complex or building name? \_\_\_\_\_

**C2c.** Is there an apartment number? \_\_\_\_\_

**C2d.** In what city? \_\_\_\_\_

**C4e.** In what state? \_\_\_\_\_

**C2f.** What is the zip code? \_\_\_\_\_

**C2g.** What is the best phone number to reach you at?

\_\_\_\_\_

€ 99 Prefer not to provide phone number

**C2h.** Is that a home phone, cell phone, or work phone?

€ 1 Home Phone

€ 2 Cell Phone

€ 3 Work Phone

€ 99 Prefer not to provide phone number

**C3.** I have your **email address** as: [EMAIL]. Is this correct?

1 THIS IS CORRECT [GO TO CLOSING1]

2 THIS IS **NOT** CORRECT [GO TO C3a]

3 DOES NOT HAVE ANY WORKING EMAIL ADDRESSES [GO TO C4]

98 Don't know

99 Prefer not to say

**C3a.** Do you have an email address?

1 Yes

2 No [SKIP TO CLOSING2]

98 Don't know

99 Prefer not to say

**C4.** What email address should we use to send your electronic gift certificate?

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€ 99 Prefer not to provide email address

**[CLOSING 1]** *Thank you so much for your time. The company Virtual Incentives will be sending you an email with instructions on how to collect and redeem your [\$40/\$60] gift certificate. Reward emails come from “reward@virtualrewardcenter.com” and you should receive your email within 14 days.*

**[CLOSING 2]** We will mail you a physical gift certificate valued at \$40/60. First I'll need to confirm I have the right address to send this to you. Is <A2 ADDRESS> correct?

1. YES, CORRECT [SKIP TO END]
2. NO, NOT CORRECT [ASK C5]

**C5.** What address should we use to mail you the gift certificate?

A5a. What is your street address or PO box number?

A5b. Is there a complex or building name?

A5c. Is there an apartment number?

A5d. In what city?

*Thank you so much for your time. We will process your gift card and send it in the mail. You should receive your physical gift card withing 30 days.*