

**Working Families Vehicle Purchase Program (WFVPP)
Individual Development Account
Basic Application**

Please note: all information requested on this application form will be kept confidential

You must complete both pages of the Basic Application to be considered

Personal Information

Name: _____
 Street: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Household Information- all members residing in address listed above.

How many adults (17yrs and older) currently live in applicant's household: _____

Name of adult (Self not included)	Relationship To Applicant	Employed Yes or No

How many children (under 17yrs) currently live in applicant's household? _____

Applicant's marital status: Single (never married) Married Separated Divorced Widowed

Financial Status

Have you declared bankruptcy in the last seven years? Yes or No
 Are you delinquent on any current debt (including credit cards, rent, mortgage, utilities, etc.)? Yes or No
 Do you currently have auto insurance or are you insurable as a driver? Yes or No
 Do you own a vehicle now? Yes or No
 Do you know your credit score? Yes or No If Yes, please indicate your score here _____

Employment Information

Primary Employment Status (choose one):

- Employed more than full-time (overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Laid off, waiting for call back
- Currently seeking employment
- Homemaker, not seeking employment
- Currently in school or job training

Employer: _____

Income Information

Income of all household members - **please list gross income last month (before taxes):**

Category	Self	Other Adult	Other Adult
Formal employment (wages)	\$	\$	\$
TANF			
Food Stamps			
SSI			
Social Security			
Unemployment Benefits			
Veteran's Benefits			
Pensions or retirement income			
Child support /alimony payments			
Friends or family			
Investment income			
Self-employment (selling things you make, doing laundry, sewing, childcare, etc.)			
Other (please specify: _____)			
Total per Person Last Month	\$	\$	\$

Applicant Certification

The undersigned certifies that all of the information provided is true and complete. Any discrepancies or omissions found later may disqualify me from participation in the program. The undersigned authorizes the Department of Community Initiatives to verify any and all information provided including, but not limited to, employment history, rental history, and sources of income and household size as needed to determine eligibility for the Working Families Vehicle Purchase Program Individual Development Account program. My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature

___/___/___
Date

Mail or Bring your Basic Application to:
IDA Program
1325 N. Flores, #114
San Antonio, TX 78212

Fax your application to:
210-207-5914
ATTN: IDA Program
Community Initiatives

e-mail your application to:
john.a.valadez@sanantonio.gov or
Katherine.martinez@sanantonio.gov or
Gabriel.guzman@sanantonio.gov