



Individual Development Account Program
Participant Application

Referring Agency: _____
Date: _____

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

Personal Information

Last Name: _____ First Name _____ Initial _____ Suffix _____ SS No.: ____ - ____ - ____

Street: _____ Apt #: _____ Council District: ____ e-Mail: _____
City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Head of Household: Yes No

Currently Eligible: Yes No
TANF: Yes No
EITC: Yes No
Currently Receiving: Yes No
Has Ever Received: Yes No
Number Adults in Household: _____
Number Children in Household: _____
Total Number in Household: _____

Gender: Male Female Date of Birth: ____ / ____ / ____

Marital status: Married Single (never married) Separated Divorced Widowed

Ethnicity: African American Caucasian Native American
 Latino or Hispanic Asian, Pacific Islander Other (please specify): _____

Highest Level of Education Completed:

- Grade K through 5
- Grade 6 through 8
- Grade 9 through 12
- High School Diploma or GED
- Some college
- Graduated junior college (2 year)
- Graduated college (4 year)
- Attended graduate school

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____) _____

Street: _____ Apt # _____ City: _____ State: _____ Zip: _____

Household Information

Other Adult Household Members (excluding yourself) residing at address listed above: _____

Name of Adult 17 years or older	Has Income?	Relationship To Applicant	Date of Birth

List Ages of children less than 17 yrs: _____

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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)
- Currently seeking employment
- Job Training
- Homemaker, not seeking employment
- Student working part-time
- Student working full-time

Employer: _____ Phone: (____) _____

Street: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____

Income Information

How many persons in the household are employed? _____

<u>Method of Employment</u> <i>One method per person</i>	<u>1st Person Employed</u>	<u>2nd Person Employed</u>	<u>3rd Person Employed</u>
Employed (Paid Hourly)	\$ _____ Hrly _____ Hr per wk	\$ _____ Hrly _____ Hr per wk	\$ _____ Hrly _____ Hr per wk
Employed (Paid Salary)	\$ _____ Bi-Wkly / Mthly / Yearly	\$ _____ Bi-Wkly / Mthly / Yearly	\$ _____ Bi-Wkly / Mthly / Yearly
Employed (Paid 1 st & 15 th)	\$ _____ 1 st _____ 15 th	\$ _____ 1 st _____ 15 th	\$ _____ 1 st _____ 15 th
Gross Employer Income/YR:	\$ _____	\$ _____	\$ _____

Additional Monthly Income for all household members - please list gross income (before taxes):

<u>Non-Employer Income</u>	<u>1st Person</u>	<u>2nd Person</u>	<u>3rd Person</u>
<i>Alimony</i>	\$ _____	\$ _____	\$ _____
<i>Child Support</i>	\$ _____	\$ _____	\$ _____
<i>SSI/SSDI</i>	\$ _____	\$ _____	\$ _____
<i>Food Stamps</i>	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Self-Employment income	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (Specify:) _____	\$ _____	\$ _____	\$ _____
Total Non-Employer Income/YR:	\$ _____	\$ _____	\$ _____

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Assets and Liabilities

Do you own a home?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Do you own other homes?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Address: _____				
Do you own a business?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Do you own other property or land?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Address: _____				
Do you own stocks, bonds, 401k, investments	Yes	No	Value: \$ _____	(Attach Current Statement)
Do you have a checking account?	Yes	No	Value: \$ _____	(Attach Current Statement)
Do you have a savings account?	Yes	No	Value: \$ _____	(Attach Current Statement)
Do you own a vehicle?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Year: ____ Make: ____ Model: _____				
Do you own a second vehicle?	Yes	No	Value: \$ _____	Debt Owed \$ _____
Year: ____ Make: ____ Model: _____				
Do you have outstanding bills due?	Yes	No		Debt Owed \$ _____
Do you have student loans?	Yes	No		Debt Owed \$ _____
Do you have medical bills due?	Yes	No		Debt Owed \$ _____
Do you have any personal or other loans?	Yes	No		Debt Owed \$ _____
Do you have a balance on credit cards?	Yes	No		Debt Owed \$ _____
Do you have any payday loans outstanding?	Yes	No		Debt Owed \$ _____
Do you owe any other debts not shown above?	Yes	No		Debt Owed \$ _____

Financial Status

What is your Credit Score? _____ As of When? _____

Have you ever used direct deposit for your paycheck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a repossession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you declared bankruptcy in the last ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you defaulted on a checking or savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOR OFFICE USE ONLY

Total Gross Annual Income/Year	\$ _____	\$ _____	\$ _____
Documentation Method:	_____	_____	_____
As of Date:	____/____/____	____/____/____	____/____/____
Total AFI Assets: \$ _____	Total AFI Debts: \$ _____	AFI Net Worth: \$ _____	
Total Assets: \$ _____	Total Debts: \$ _____	Total Net Worth: \$ _____	

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Applicant Asset Goal

What is your asset goal (select only one)? Working Family Vehicle Purchase Program
 Homeownership Small Business Education: (School) _____
Are you able to deposit at least \$25 every month? Yes No

Applicant Certification

The undersigned certifies that all of the information provided is true and complete. Any discrepancies or omissions may disqualify me from participation in the program and may require that any IDA funds be repaid. 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 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

For Office Use Only

Date received: _____ Application reviewed by: _____

Household Income: _____ Min. Poverty Level _____

Household Size: _____ Max Poverty Level _____

Grant: _____ Calculated PL%: _____

_____ Pending _____ Denied _____ Waitlist

_____ Accepted by _____ Date _____

Management Approval

Comments or Calculations:

Feb 2008

Waitlist #

Date: