



Individual Development Account Application

CONTACT INFORMATION						
Last Name		First Name			M.I.	
SS #		DOB	Phone # (include area code)			
Street Address						
City			State		Zip	
Head of Household?	YES _____	NO _____	Total # of Adults in Household? _____		Total # of Children in Household? _____	
Date of Application		Community Action Agency Name?				
STATUS						
	Applicant	Wait-Listed	Enrolled (but has not yet opened an AFI IDA account)	Enrolled (and has opened an AFI IDA account)	Exited the Program	Other (please explain)
Status						
FINANCIAL INFO (AT TIME OF ENROLLMENT)						
Gross Annual Income Amount	\$ _____		Documentation Method (PayStub, W2-wages, 1099-wages, or other)			
	Eligible at Time of Enrollment (yes or no)		Receiving at Time of Enrollment (yes or no)		At Time of Enrollment, Had Ever Received (yes or no)	
TANF						
Federal EITC						
State EITC						
	YES	NO	Annual Amount			
Alimony Payment			\$ _____			
Child Support			\$ _____			
SSI/SSDI			\$ _____			
Food Stamps			\$ _____			
ASSETS						
	YES	NO	Value		Balance Due	
Principal Residence					\$ _____	
Own other home					\$ _____	
Business Ownership					\$ _____	
Other property or real estate					\$ _____	
Investments (401K, IRA, Stocks, other)						
Checking Account			Balance in Account			

Please note: all information requested will be kept confidential. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.



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Savings Account			Balance in Account							
Vehicle(s)			Value of Vehicle		Balance Due					
Vehicle(s)			Value of Vehicle		Balance Due					
LIABILITIES	YES	NO	Balance Due							
Outstanding bills past due			\$							
Student loan outstanding balances			\$							
Medical bills outstanding balances			\$							
Personal loan outstanding balances			\$							
Credit card outstanding balances			\$							
Payday Loans			\$							
All other liabilities			\$							
Credit Score			Credit Score Source (Equifax, Experian, TransUnion, or							
DEMOGRAPHIC INFORMATION										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Has participant ever used direct deposit for their paychecks?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Race/Ethnicity	African American	Asian American / Pacific Islander	Caucasian	Hispanic	Native American	Unknown	Other	Specify other		
Marital Status	Single, never married	Married	Separated	Divorced	Widow	Unknown	Other	Specify Other		
Employment Status at Time of Enrollment	FT Employed	PT Employed	Unemployed	Retired	Student	Unknown	Other	Specify Other		
Highest Level of Education	Completed grades K-5	Completed grades 6-8	Completed grades 9-11	HS Diploma/ GED	Vocational School Diploma / Degree	Some College	AA Degree / Graduated two-year college	BA/BS Degree / Graduated four-year college	Some Graduate School / Attended Graduate School	MA/MS, etc. Graduate Degree(s)
Location at Time of Enrollment	Major Urban Area (metropolitan area with population greater than 1,000,000)		Minor Urban Area (metropolitan area with population less than 1,000,000)		Rural Area			Remote Area		

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	First home purchase (haven't owned a home in the past three years)	Education	Small Business Capitalization
Anticipated Asset Type			

HOUSEHOLD MEMBERS INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>SS #</u>	<u>DOB</u>	<u>Relation</u>	<u>Gross Annual Income</u>

APPLICANT PERSONAL STATEMENT

1. What asset purchase are you planning on making with the money you save: down-payment on a home, post-secondary education, small business start-up/expansion? What are your goals associated with this asset?

2. What steps have you taken towards these goals so far?

3. How much do you think you will need to save in order to reach this goal? \$ _____

4. How much do you think you could afford to save each month? \$ _____

5. What do you think will be the greatest savings challenges for you?

6. How will you set aside money each month to deposit into your IDA account?

7. Would anything keep you from attending meetings or workshops (childcare, transportation, etc)? _____

PRE-ASSESSMENT SURVEY

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Read each statement carefully and decide how well it describes you AT THIS TIME. If you can always agree with the statement, circle the "5." If the statement is never true, circle the "1." Use the number "2," "3," and "4" to indicate points between. This is your personal assessment; there are no right or wrong answers.

	Never	Rarely	Sometimes	Usually	Always
I pay my bills late.	1	2	3	4	5
I worry I will be turned down for credit because of my credit history.	1	2	3	4	5
I keep track of my expenses on a regular basis.	1	2	3	4	5
I spend more money than I earn.	1	2	3	4	5
I use a check casher or money store to cash checks.	1	2	3	4	5
I prepare a budget every month.	1	2	3	4	5
I set financial goals.	1	2	3	4	5
I discuss my financial goals with my family.	1	2	3	4	5
I compare prices when shopping or buying things on sale.	1	2	3	4	5
I understand the cost of buying things on credit.	1	2	3	4	5
I share information about managing money with others.	1	2	3	4	5
I save by making direct deposits into my bank account.	1	2	3	4	5
I pay too much in financial service fees.	1	2	3	4	5
I use a checking account to pay my bills.	1	2	3	4	5
I put money aside for future purchases or emergencies.	1	2	3	4	5
I feel knowledgeable when making decisions about money.	1	2	3	4	5
I feel secure about my current financial situation.	1	2	3	4	5

I am interesting in learning more about: (please check all that apply)

Different types of bank accounts		How to create a budget	
My credit report		Managing a checking account	
Improving my credit		Taxes	
Starting a business		Preparing for retirement	
How to buy a home		Investing	
How to pay for my education		Consumer Fraud	
How to choose a credit card		Other?	

APPLICANT CERTIFICATION

My/Our signature below certifies that:

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1. All information provided on this application is accurate and complete to the best of my/our knowledge;
2. I/We are willing to commit to this program and complete all requirements including: saving a minimum amount each month toward my asset goal, financial education, asset specific education and training, and case management throughout the program timeframe.
3. I/We agree to provide all information as required to determine my/our eligibility in the program;
4. I authorize Community Action to process this application and to seek additional information needed to ensure I/We are eligible for the program including, but not limited to: obtaining a credit report, verifying employment, earnings, and net worth.
5. I authorize Community Action to disclose the information contained herein to Danielson and Associates, Inc. for evaluation of the North Dakota/South Dakota Regional IDA Project and further study on effects of incentives to saving habits and asset acquisition.
6. I authorize Community Action to take my photo and release information related to my asset purchase to potential funders and IDA participants.

SIGNATURES

Signature of Applicant:		Date:	
Signature of Co-Applicant:		Date:	

Applicants under age 18 must have consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in Community Action's IDA Program.

Signature of Applicant:		Date:	
Relationship to Applicant:		Date:	

FOR OFFICE USE ONLY

Date Received:	Reviewed By:
Application Complete: Yes _____ No _____	Interview Scheduled for:
Participant start date:	Paper File Established:
Ineligible Reason:	Notification Sent Date:

IDA AND SAVINGS AND AGREEMENT PLAN

Saving Goal Amount		Institution Name	
Match Rate		Account #	
Max. Amount of Match Provided		Date Account Opened	
Min. Initial Deposit		Total Months to Reach Savings Goal	
Min. Regular Deposit		Intended Asset	
Target Monthly Savings Amount		Number of months to complete asset purchase after reaching savings goal	
Max Lump Sum Deposit		Grant Number	

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