



INDIVIDUAL DEVELOPMENT ACCCOUNT

POTENTIAL PARTICIPANT APPLICATION FORM

PROGRAM: [ ] UW-AFI (for All low-income Applicants)

[ ] ORR-STAR (For Refugees Only)

Please note: all information requested on this application form will be kept confidential within the Alliance, the UW-AFI and ORR Program partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Email address (Yours, relative's or friend's): \_\_\_\_\_

When did you arrive in the U.S: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/date/Year)

Gender: [ ] Female [ ] Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(Month/date/Year)

Ethnicity: [ ] African American [ ] Caucasian [ ] Latino or Hispanic [ ] Asian, Pacific Islander [ ] Native American [ ] Other (please specify: \_\_\_\_\_)

Highest Level of Education Completed: [ ] Grade K through 5 [ ] Grade 6 through 8 [ ] Grade 9 through 12 [ ] High School Diplomas or GED [ ] Attended college [ ] Graduated junior college (2 year) [ ] Graduated college (4 year) [ ] Attended graduate school

How did you hear about UW-IDA Program? \_\_\_\_\_

Have you participated in IDA program before [ ] Yes [ ] No

If yes, where: \_\_\_\_\_

Do you have any special needs IDA Program the staff should know about? \_\_\_\_\_

Household Information<sup>1</sup>

How many adults (18yrs and older) currently live in your household: \_\_\_\_\_

How many children (under 18yrs) currently live in your household: \_\_\_\_\_

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

\_\_\_\_\_

<sup>1</sup> "Household" includes 1. Your financial dependents (for example, your dependent children), 2. Anyone you depend on financially (for example, your parents), or 3. Anyone with whom you are financially interdependent (for example, your spouse or partner). Your "household" may or may not be the same as the people you live with.





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What is the primary language spoken in your household? \_\_\_\_\_ If it is not English, is English also spoken?  Yes  No

### 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 Code: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Income Information

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

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Last Year</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment ( <i>selling things you make, doing laundry, sewing, childcare, etc.</i> )	\$ _____	\$ _____	\$ _____
Government assistance ( <i>TANF, Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits</i> )	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support / alimony payments	\$ _____	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____

### 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 in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment





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Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
Street: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_
Web Site: \_\_\_\_\_

Assets & Liabilities

Assets and liabilities:

Do you own a vehicle(s)? [ ] Yes [ ] No Value of vehicle(s): \$ \_\_\_\_\_
Outstanding vehicle loan(s): \$ \_\_\_\_\_

Do you own a home? [ ] Yes [ ] No Value of home: \$ \_\_\_\_\_
Outstanding mortgage \$ \_\_\_\_\_

Do you own a business? [ ] Yes [ ] No Value of business: \$ \_\_\_\_\_
Outstanding loan(s): \$ \_\_\_\_\_

Do you own residential rental property or land? [ ] Yes [ ] No Value of property: \$ \_\_\_\_\_
Outstanding property loan: \$ \_\_\_\_\_

Do you own stocks, bonds, a 401k, or other investments? [ ] Yes [ ] No Value of investments: \$ \_\_\_\_\_

Do you have a checking account? [ ] Yes [ ] No Amount in account: \$ \_\_\_\_\_

Do you have a savings account (other than an IDA)? [ ] Yes [ ] No Amount in account: \$ \_\_\_\_\_

Do you owe money to friends or family? [ ] Yes [ ] No Amount you owe: \$ \_\_\_\_\_

Do you have past due household bills? [ ] Yes [ ] No Amount past due: \$ \_\_\_\_\_

Are you carrying a balance on credit card(s)? [ ] Yes [ ] No Amount of balance(s): \$ \_\_\_\_\_

Do you have outstanding student loans? [ ] Yes [ ] No Outstanding loans: \$ \_\_\_\_\_

Do you have outstanding medical bills? [ ] Yes [ ] No Outstanding balance: \$ \_\_\_\_\_





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Applicant Personal Statement

Please explain why you are interested in participating in IDA Program. Be sure to describe the asset you would be interested in purchasing with your IDA savings.

Four horizontal lines for writing the personal statement.

How much do you think you could afford to save each month? \$\_\_\_\_\_

Applicant Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants under age 18 must have the 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 IDA Program Name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

For Office Use Only

Date received: \_\_\_\_\_ Application reviewed by: \_\_\_\_\_

- Application complete
Interview scheduled: \_\_\_\_\_

Participant start date: \_\_\_\_\_

- Paper file established
Data entered in VISTASHARE

