

INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) APPLICATION										
AGENCY INFORMATION										
Date of Application		Regional Community Action Agency								
How did you hear about the IDA program?					What will you save for?					
					Education		First Home		Small Business	
CONTACT INFORMATION										
Last Name			First Name					M.I.		
SS #			DOB		Home and Cell Phone # (include area code)					
Street Address										
City			State			Zip				
Email				Emergency Contact Name and Phone Number						
LIST ALL HOUSEHOLD MEMBERS										
<u>Last Name</u>		<u>First Name</u>		<u>SS #</u>		<u>DOB</u>		<u>Relation</u>		<u>Gross Annual Income</u>
										\$
										\$
										\$
										\$
										\$
										\$
Veteran?	Yes No		Do you have health insurance?		Yes No		Do you have life insurance?		Yes No	
DEMOGRAPHIC INFORMATION (Select all that apply)										
Gender	Male	Female	Transgender (Female to Male)		Transgender (Male to Female)		Doesn't Identify as Male, Female, or Transgender			
Race/Ethnicity	African American	Asian/ Pacific Islander	Caucasian	Hispanic	Native American	Other	Specify Other			
Marital Status	Single, never married	Married	Separated	Divorced	Widow	Other	Specify Other			
Current Employment Status	FT Employed	PT Employed	Length of employment at current position			Un-employed	Retired	Student	Name of School	
Highest Level of Education Completed	Grades K-5	Grades 6-8	Grades 9-11	HS Diploma/ GED	Vocational School Diploma / Degree	Some College	AA Degree Graduated two- year college	BA Degree Graduated four- year college	Some Graduate School	MA/MS, etc. Graduate Degree(s)

FINANCIAL INFORMATION (Documentation required)				
Indicate all sources of income/benefits for you and all members of your household.				
SOURCE	YES	NO	Monthly Amount	
Employment				
Self-employment				
SSI/SSDI				
TANF				
Child Support				
Food Stamps				
Alimony				
Pension/Investments				
Workers Comp/ Unemployment				
Other (Specify)				
Total Household Gross Annual Income Amount:		Documentation Method (Paystub, W2, Taxes, etc.)		Have you ever received TANF?
\$				
Employer Name			Does anyone else claim you on their taxes? If so, who?	
Did you receive the Earned Income Tax Credit (EITC) on your tax return last year?			Have you ever received the Earned Income Tax Credit (EITC) on your tax return?	
Have you ever used direct deposit?			Credit Score	Credit Score Source:
Yes No a pre-paid card?			Yes No	
ASSET AND LIABILITIES INFORMATION (Documentation Required)				
ASSETS	YES	NO	Value	Outstanding Balance Due
Principal Residence			\$	\$
Own other home			\$	\$
Business Ownership			\$	\$
Other property or real estate			\$	\$
Investments (401K, IRA, Stocks, other)			\$	\$
Checking Account			Balance in Account \$	
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 household bills				
Student loan balances				
Medical bills balances				

Personal loan balances			
Credit card balances			
Payday Loans			
Owe money to friends or family			
All other liabilities			

APPLICANT PERSONAL STATEMENT

1. What asset are you planning to purchase with the IDA: down-payment on a home, post-secondary education, or small business start- up/expansion? When do you plan on purchasing this asset?

--

--

2. What are your goals associated with this asset? What steps have you taken towards these goals so far?

--

--

3. The IDA program requires ten hours of financial literacy training. Are you willing to commit the time and effort to complete these trainings?

--

4. The IDA program also requires you to participate in case management. Are you willing to commit the time and effort to meet with and communicate regularly with your case manager?

--

--

5. How much can you afford to save each month? How will you be able to save this amount?

--

--

6. What do you think will be the greatest challenges and/or barriers for you while saving money? How will you overcome them?

--

--

The IDA Program is intended to assist individuals and families in North Dakota build wealth and long-term economic independence through the accumulation of lasting assets. CAPND is dedicated to helping participants learn how to save and invest rather than borrow and spend. IDAs come with parameters and high expectations of participants.

Please note the following basic program requirements and provide your initials in each box.

I understand that I must save for six months before I can withdraw any match funds.		I understand it is the goal to complete the IDA program within two years.	
I am committed to asset accumulation and succeeding in the IDA program.		I understand that disregarding program rules will result in termination from the IDA program.	
I am able to deposit the required minimum deposit of \$25 to open my account.		I understand that all assets must be purchased in the state of North Dakota.	
I am responsible for notifying my IDA Case Manager of any changes related to marital status, employment changes, and other relevant information.		I am able to provide proof of North Dakota residency.	
		I understand that I can only make three emergency withdrawals from my account	

PRE-ASSESSMENT SURVEY

Read each statement carefully and decide how well it describes you AT THIS TIME. This is your personal assessment of your finances; there are no right or wrong answers.

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

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

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

Application Checklist- These must be included in application before it will be processed

<input type="checkbox"/>	Copy of State Issued ID	<input type="checkbox"/>	Proof of Income attached (Previous Year's Tax Returns, Two Months of
<input type="checkbox"/>	Copy of Credit Report	<input type="checkbox"/>	If applying for small business, attach copy of ND Secretary of State Proof of

APPLICANT CERTIFICATION

My/Our signature below certifies that:

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 money each month toward my asset goal, financial literacy training, asset-specific 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 relevant partner agencies.
6. I authorize Community Action to take my photo and release information related to my asset purchase to potential funders and IDA participants.

SIGNATURE

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:			

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: