

Site name _____

Location _____

MIDAP IDA POTENTIAL PARTICIPANT APPLICATION FORM

CONTACT INFORMATION

Name _____
(first, mi, last)
email _____

alt e-mail _____

address _____

city _____

county _____ zip _____

Work phone (_____) _____ - _____

Home phone (_____) _____ - _____

Mobile phone (_____) _____ - _____

Fax phone (_____) _____ - _____

Employer (s) _____

PERSONAL INFORMATION

Birth date _____
(month/date/year)

Gender Female Male

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

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

Soc. Sec. # _____

Note to IDA Program staff only: Once above data is entered into EDIT tab of Outcome Tracker scroll to the bottom of the screen, click UPDATE, and then move to the IDA Application tab to complete data entry

CLIENT PROFILE

Date of Application _____

Have you dealt with this agency in the past? Yes No

How did you find out about us?
 Family/Friend Newspaper
 TV/Radio Internet
 Flyer/Brochure Partner Agency
 Current Participant Other (describe) _____

Do you have any special needs staff members should know about? _____

Where do you live? Major urban area (over 1 million people) Minor urban area (under 1 million people)
 Rural/remote area

HOUSEHOLD INFORMATION

“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.

How many adults (18 years and older) are living in your household? _____

How many children (under 18) are living in your household? _____

Children’s names (use back of this page if necessary) Age Date of Birth

EDUCATION BACKGROUND

What is the highest level of education you have completed?

- Completed grades K-5 Completed grades 6-8 Completed grades 9-11
 High School 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)

Notes _____

FINANCIAL PROFILE

Do you currently use a household budget? Yes No

What is your employment status?

- Full Time Employed (more than 35 hours/week) Student—not employed
 Part Time Employed (up to 35 hours/week) Retired—no longer employed
 Unemployed Other (describe) _____

Using your household income for the past twelve calendar months, Please circle your household income in the chart below (for use between Jan. 26, 2015 – Jan. 25, 2016)

# in household	100%	150%	200%
1	\$ 11,770	\$ 17,655	\$ 23,540
2	\$ 15,930	\$ 23,895	\$ 31,860
3	\$ 20,090	\$ 30,135	\$ 40,180
4	\$ 24,250	\$ 36,375	\$ 48,500
5	\$ 28,410	\$ 42,615	\$ 56,820
6	\$ 32,570	\$ 48,855	\$ 65,140
7	\$ 36,730	\$ 55,095	\$ 73,460

# in household	100%	150%	200%
8	\$ 40,890	\$ 61,335	\$ 81,780
Add			
	\$4,160.00	\$6,240.00	\$8,320.00
For each Person			

Please write below your places of employment over the last 12-months. Include start and end date:

Earned Income Tax Credit (EITC) information:

Income and family size determine the amount of Earned Income Tax Credit an individual or family member may receive. To qualify for the credit, a person's or family's investment income must be \$3,350 or less, and both earned income and adjusted gross income for 2014 must be more than \$1 but no more than the amounts listed in each category in the table below.

2014 Tax Year		
Families with the following # of qualifying children	Family Head Filing Individually	Married Filing Jointly
0	\$14,590	\$20,020
1	\$38,511	\$43,941
2	\$43,756	\$49,186
3 or more	\$46,997	\$52,427

Based on the table above, was your household eligible for the federal Earned Income Tax Credit last year? Yes No
If you were eligible, did you file for/receive a federal EITC for 2014? Yes No

Please list total gross income(before taxes) of all household members

Typical Monthly Income
Formal Employment
(earned income)_____

Last Month's Income
Formal Employment
(earned income)_____

Self-employment
(earned income)_____

Self-employment
(earned income)_____

Government assistance
(TANF, food stamps,
SSI, unemployment, etc.)_____

Government assistance
(TANF, food stamps,
SSI, unemployment, etc.)_____

Pension/Retirement_____

Pension/Retirement_____

Child
support/Alimony_____

Child
support/Alimony_____

Friends/Family_____

Friends/Family_____

Investments_____

Investments_____

Other income (describe)

Other income (describe)

Total typical monthly income

Total last month's income

Multiply total typical monthly income by 12 months to get Household annual income:
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If last's month's income was not typical please describe how and why:

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Location _____

- **To verify your income, please attach a copy of most recent pay stub's for all household members plus last year's income tax return**

Assets & Liabilities

Assets and liabilities: (Circle one)

Do you own a home? Yes No Value of home: \$ _____
Outstanding mortgage \$ _____

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

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 family or friends? 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: \$ _____

Do you pay child support and/or alimony? Yes No Amount you pay: \$ _____

Do you have health insurance? Yes No Annual Cost: \$ _____

Do you have life insurance? Yes No Annual Cost: \$ _____

Do you have automobile insurance? Yes No Annual Cost: \$ _____

Do you have homeowners/renters insurance? Yes No Annual Cost: \$ _____

Total Assets: (excluding home/primary residence & car) \$ _____
minus

Total Liabilities:

-

Net Worth:

\$ _____

=\$ _____

Credit Score(s) at time of Application		
Date of Score(s)	Bureau	Score
	Equifax/Beacon	
	Experian/Fair Isaac	
	Transunion/Empirica	

Do you currently receive SSI or SSDI?

Yes No

Do you currently receive Food Stamps?

Yes No

Do you receive Title 19 or Medicaid?

Yes No

Do you use Direct Deposit?

Yes No

Do you currently use non-traditional financial services (payday loans, pawn shops, etc.)?

Yes No

Have you ever been a recipient of FIP, FAP, TANF, or AFDC?

Yes No

Are you currently a FIP, FAP, or TANF recipient?

Yes No

Are you a JET participant?

Yes No

EMERGENCY CONTACT INFORMATION

Please complete contact information for a friend or relative who would know how to contact you even if you move.

Name _____

Email _____

address _____

Home phone (____) _____ - _____

Work phone (____) _____ - _____

city _____

Cell phone (____) _____ - _____

county _____ zip _____

Relationship to you _____

APPLICANT PERSONAL STATEMENT

Please explain why you are interested in participating in Michigan IDA Program. Please describe the asset you want to purchase with your IDA savings.

Have you estimated the cost of your desired asset?

How much do you anticipate saving each month in order to meet your savings goal?

For how long (years) would you like to save and participate in the program?

What do you think will be your greatest barrier(s) to saving money?

Would anything keep you from attending meetings or workshops (childcare, transportation, other)?

Note to IDA Program staff only: Once above data is entered into IDA Application tab of Outcome Tracker click SAVE and then move to the IDA Account tab to complete data entry

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

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge and authorizes this agency () to access a copy of my credit report with scores.

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 the Michigan IDA Program.

Signature: _____ Date: _____

Relationship to Participant: _____

For Office Use Only

Date received: ____/____/____ Application reviewed by: _____

- Applicant:
- Meets household income requirements to enter program (Below 200% Poverty.
 TANF Eligible Non-TANF Eligible
 - Has sufficient earned income?
 - Will be able to attend financial management workshops

- Outcome:
- Applicant accepted and will attend orientation session on: _____
 - Applicant advised he/she is not ready for the program at this time
 - Further follow-up needed; no decision at this time
 - Other _____
 - Paper file established
 - Date of first deposit/official account open date _____
 - Financial Institution _____ Account number _____
 - Date Application Data entered in Outcome Tracker _____

Notes: _____

The Michigan IDA Program, its agents, partners, and funders do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or marital status.