

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. 25, 2012 – Jan. 25, 2013)**

# in household	100%	150%	200%
1	\$ 11,170	\$ 16,755	\$ 22,340
2	\$ 15,130	\$ 22,695	\$ 30,260
3	\$ 19,090	\$ 28,635	\$ 38,180
4	\$ 23,050	\$ 34,575	\$ 46,100
5	\$ 27,010	\$ 40,515	\$ 54,020
6	\$ 30,970	\$ 46,455	\$ 61,940
7	\$ 34,930	\$ 52,395	\$ 69,860

# in household	100%	150%	200%
8	\$ 38,890	\$ 58,335	\$ 77,780
Add			
\$7,920			
For each Person			

**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 \$3,100 or less, and both earned income and adjusted gross income for 2011 must be more than \$1 but no more than the amounts listed in each category in the table below.

<b>2011 Tax Year</b>		
Families with the following # of qualifying children	Family Head Filing Individually	Married Filing Jointly
0	\$13,660	\$18,740
1	\$36,052	\$41,132
2	\$40,964	\$46,044
3 or more	\$43,998	\$49,078

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 2011?  Yes  No

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

Typical Monthly Income

Formal Employment  
(earned income) \_\_\_\_\_

Self-employment  
(earned income) \_\_\_\_\_

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

Pension/Retirement \_\_\_\_\_

Child  
support/Alimony \_\_\_\_\_

Friends/Family \_\_\_\_\_

Investments \_\_\_\_\_

Other income (describe)  
\_\_\_\_\_  
\_\_\_\_\_

Total typical monthly income
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Multiply total typical monthly income by 12 months to get Household annual income:
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Last Month's Income

Formal Employment  
(earned income) \_\_\_\_\_

Self-employment  
(earned income) \_\_\_\_\_

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

Pension/Retirement \_\_\_\_\_

Child  
support/Alimony \_\_\_\_\_

Friends/Family \_\_\_\_\_

Investments \_\_\_\_\_

Other income (describe)  
\_\_\_\_\_  
\_\_\_\_\_

Total last month's income
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If last's month's income was not typical please describe how and why:
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➤ **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**

<b>Assets &amp; Liabilities</b>
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<u>Assets and liabilities:</u>		<i>(Circle one)</i>	
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: \$ _____
<b>Total Assets:</b> (excluding home/primary residence & car)			\$ _____
<i>minus</i>			
<b>Total Liabilities:</b>			-
			\$ _____
<b>Net Worth:</b>			= \$ _____

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 \_\_\_\_\_  
 address \_\_\_\_\_  
 \_\_\_\_\_  
 city \_\_\_\_\_  
 county \_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_  
 Home phone    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Work phone    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell phone    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 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

***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.***

***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.  
    π TANF Eligible      π 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_