

POTENTIAL PARTICIPANT APPLICATION FORM

Date of Enrollment: ___/___/___

Personal Information

Name: _____ Social Sec. No.: ____ - ____ - _____

Gender: Female Male Date of Birth: ___/___/___ e-mail: _____

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

Have you dealt with this agency in the past?

Yes Unknown
No

Were you referred to the Michigan IDA Program by another organization?

Yes Referring Source: _____
No Unknown

If no, how did you hear about the Michigan IDA Program? _____

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

Contact Information

1. Applicant

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell/Pager: (____) _____

2. Spouse

Name: _____

Work Phone: (____) _____ Cell/Pager: (____) _____

3. Relative/Friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____) _____

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Place of Residence:

Urban or suburban (population of 2,500 or more)

Small town or rural (population of less than 2,500)

Housing:

Own

Rent

Apartment

Duplex

Townhouse

Are you participating in public and/or subsidized housing? Yes No

If yes what, type of assistance: _____

What is the primary language spoken in your household? _____

If it is not English, is English also spoken? _____

Household Information¹

Applicant's marital status: Single (never married) Married Separated
Divorced Widowed

How many adults (18 yrs. and older) currently live in participant's household: _____ (Include yourself)

How many children (under 18 yrs.) currently live in participant's household: _____

Child's Name: _____ Age: _____ Date of Birth: _____

_____ Age: _____ Date of Birth: _____

_____ Age: _____ Date of Birth: _____

Highest Level of Education Completed

Grade K through 5

Grade 6 through 8

Some College

4-year degree

Grade 9 through 12

H.S. Diploma/GED

2-year Degree

Attended grad school

Please write below your schooling history, within the last 5 years:

Employment Information

Present Employment Status applicant: (choose one):

Employed more than full-time (overtime or more than one job, for yourself or others)

Employed full-time (35-40 hrs. for yourself or others)

Employed part-time (up to 35 hrs. for yourself or others)

Currently seeking employment

¹ "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.

Working and in school or job training
 Laid off, waiting for call back
 Currently in school or job training
 Unknown

Homemaker, not seeking employment
 Disabled, not seeking employment
 Retired, not seeking employment

Employer: _____ Phone: (____)_____

Street: _____

City: _____ State: _____ Zip Code: _____

**Please attach a hand-written copy of your employee history for no more than the past 5 years
 (Or describe in the room below)**

Present Employment Spouse (if applicable):

Employer: _____ Phone: (____)_____

Street: _____

City: _____ State: _____ Zip Code: _____

Income Information

Have you ever been a recipient of FIP or AFDC?	Yes	No	Unknown
Are you presently a FIP/AFDC recipient?	Yes	No	Unknown
Do you currently receive SSI or SSDI?	Yes	No	Unknown
Do you currently receive Food Stamps?	Yes	No	Unknown
Do you receive Title 19 or Medicaid?	Yes	No	Unknown

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

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

Will you have the capability to use Direct deposit for your IDA? Yes No

Please attach a copy of your last pay stub, W2's, and year 2000 income tax, to verify your income

Please circle your household income in the below chart (for use between Oct. 1, 2001 – Sept. 30, 2002)

Family Size	Income Level	Family Size	Income Level	Family Size	Income Level
1	\$17,180	4	\$35,300	7	\$53,420
2	\$23,220	5	\$41,340	8	\$59,460
3	\$29,260	6	\$47,380	ea addl	\$6,040

Please circle your household income in the below chart (for use between Oct. 1, 2002 – Sept. 30, 2003)

Family Size	Income Level	Family Size	Income Level	Family Size	Income Level
1	\$17,720	4	\$36,200	7	\$54,680
2	\$23,880	5	\$42,360	8	\$60,840
3	\$30,040	6	\$48,520	ea addl	\$6,160

Assets & Liabilities

Assets and liabilities:

(Circle one)

- | | | | | |
|---|-----|----|------------------------------|----------|
| 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 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 Amount:	\$ _____
Do you have life insurance?	Yes	No	Annual Amount:	\$ _____
Do you have automobile insurance?	Yes	No	Annual Amount:	\$ _____
Total Assets: (excluding home/primary residence & car)				\$ _____
<i>minus</i>				
Total Liabilities:				-
				\$ _____
Net Worth:				=
				\$ _____

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) for saving money?

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

Applicant Certification

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.

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: _____

My signature below authorizes this agency POWER, Inc. the right to access a copy of my credit report. I understand this is necessary for acceptance into the Michigan Saves IDA Program:

Signature: _____ Date: _____

For Office Use Only

Date received: __/__/__ Application reviewed by: _____ Site ID: _____

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 personal finance workshops

Outcome: Applicant accepted and has attended WCIDA 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

Paper file established

Data entered in MIS IDA

