

IDA PARTICIPANT APPLICATION

APPLICANT/PARTICIPANT DETAILS

HEAD OF HOUSEHOLD Y / N

Last Name:			First Name:			Initial:		
Last four digits of Social Security Number: _ _ _ _				Tribal Enrollment No.:			Tribe:	
Phone:		Cell:		E-mail:				
Street Address:				Mailing Address:				
City and State:				Zip Code:		County:		
Emergency Contact Name:				Phone:		Relation:		
Street Address:		Mailing:		City :		ZIP Code:		

	Currently Eligible	Currently Receiving	Has Ever Received	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Adults in Household * <input style="width: 50px;" type="text"/>
Federal EITC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children in Household <input style="width: 50px;" type="text"/>
State EITC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total number in Household <input style="width: 50px;" type="text"/>

If the number of household members is different on u application vs. your tax form, please attach an explanation.

Annual Income: \$ _____	Documentation Method: <input type="checkbox"/> 20____ Income Tax <input type="checkbox"/> Three Current Check Stubs <input type="checkbox"/> 1099 wages (self-employed) <input type="checkbox"/> Other: Date of the documentation (i.e., date tax form completed, date of last pay stub, etc.) _____ <i>Note: Please bring proof of household income – tax forms <u>or</u> pay stubs <u>or</u> self-employment wages <u>or</u> another form of proof that there is earned income coming into the household.</i>
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Other income (the following income types are collected for data purposes, but are not used for determining eligibility)

Alimony Payment:	Child Support:	SSI/SSD:	Food Stamps:
\$ _____	\$ _____	\$ _____	\$ _____

Provide most recent credit score: _____ Date: _____

Credit Bureau Source: _____

Note: Your IDA Coach can help you pull a credit score if you do not have one available.

Attached to this application are the following documents:

- Verification of Household Income and Earned Income
 - ____ Most recent IRS tax form, OR
 - ____ Three (3) months of employment pay stubs for household members, OR
 - ____ Self-employment tax forms (NM State CRS filings), OR
 - ____ Personal declaration of income into the household, with contact information.
- Household Net Worth Verifications
(proof of debt if not found on credit report)
- Verification of Residency (*circle one document from the following list of options*)
utility bill; tribal registration card; voter registration card; rental/lease agreement; social services statement
- Verification of Age (*circle one document from the following list of options*)
State ID; Birth Certificate; Passport; Tribal Registration card
- Verification of Citizenship (*circle one document from the following list of options*)
Tribal registration card; US Passport; birth certificate; Social Security Card

Assets

Yes	No		Value	Balance Due
<input type="checkbox"/>	<input type="checkbox"/>	Principal residence	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Own other homes	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Business Ownership	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other Property or real estate	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Investments(401K,IRA,Stocks,other)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Saving Account	<input type="text"/>	

	Make	Model	Mileage	Value	Balance due
Vehicle 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Liabilities

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Outstanding bills past due	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Student loan outstanding balances	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Medical bills outstanding balances	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Personal loan outstanding balances	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Credit card outstanding balances	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Payday Loans	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	All other liabilities	<input type="text"/>

AFI Net Worth (excludes primary residence and primary vehicle)

Total Assets **\$** _____
 Total Debts **-\$** _____
 = Net Worth (includes all assets) **\$** _____

I have provided proof of my debt in order to determine the net worth of my household:

 Applicant Signature

APPLICANT/PARTICIPANT BACKGROUND INFORMATION

Gender: Male Female

Race/Ethnicity:

Marital Status:

African American Asian American/Pacific Islander

Single (Never Married) Married Separated

Caucasian Hispanic

Divorced Widowed Other Unknown

Native American Other Unknown

Date of Birth: _____

Employment Status:

Full Time Employed Part Time Employed Retired Unemployed

Student Other Unknown

Place of Employment: _____

Street Address: _____

Mailing Address (if different) _____

Telephone: _____

Fax: _____

City: _____ State: _____ ZIP Code: _____

Highest Level of Education 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 Graduate Degree(s)

Unknown

Residential location at time of Enrollment:

Major Urban Area (metropolitan statistical area with population greater than 1,000,000)

Minor Urban Area (metropolitan statistical area with population between 50,000 and 1,000,000)

Rural Area (less than 50,000) Remote Area (less than 2,500) Unknown

Anticipated Asset Type:

First Home Purchase (haven't owned a home in the past three years)

Higher Education

Business Capitalization:

Unknown:

Have you ever used Direct Deposit procedure for their paycheck prior to IDA participation? Yes No

By signing below, I verify that the information that I have provided is true to the best of my knowledge. I have fully disclosed the financial situation of my household, as well as provided full information on all my financial institution accounts. If I have intentionally provided any incorrect information or am found to be out of compliance with the standards of this initiative I may be asked to withdraw my participation.

I agree to allow the organization to pull my credit at the time I am authorized to open an IDA Account, as well as when I am ready to purchase an asset in order to establish a beginning and ending score. This is a "hard pull" and will be reflected on my credit record.

Personal Data and Consent for Communication. I understand that all information I have provided will be treated as confidential. I consent to allow this information to be shared with the IDA administrating agency (Prosperity Works) as necessary for data collection and reporting, as well as determining eligibility. I understand that the information provided may need to be discussed with me in the case of questions around eligibility.

Participant Printed Name

Witness (if translator is used)

Participant Signature

Date