

# United Way of Greater Lafayette Assets for Independence / Individual Development Account

## Account Application

To be considered for this program, you must complete all sections and sign.

<u>Please Print</u>		DATE _____
_____	_____	_____
Name (First/M.I./Last)	Date of Birth	Social Security number
_____	_____	_____
Current Address	City/State/Zip	How long at current address?
Telephone numbers		
Home: _____	Work: _____	Cell: _____ Message: _____
Email address: _____	Where did you hear about the program _____	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American		
<input type="checkbox"/> Other (please specify): _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Household Status: <input type="checkbox"/> Single <input type="checkbox"/> Single, head of household <input type="checkbox"/> Living with spouse or partner		
Please provide the name and address of a relative who would definitely know where you live even if you move.		
Relative Name: _____		
(First)	(Last)	
Relative Address: _____ City: _____ State: ____ Zip: _____		
Relative's Phone #: _____ Relationship to applicant: _____		
Highest Level of Education Completed:		
<input type="checkbox"/> Junior High <input type="checkbox"/> Attended High School <input type="checkbox"/> Graduated High School/GED <input type="checkbox"/> Attended College		
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Vocational Degree <input type="checkbox"/> Attended Graduate School		
(Degree received: _____)		

*Please circle or fill in the answer that best describes your current situation.*

- Total income (including child support/alimony) over the previous 12 months. \_\_\_\_\_
- Current or former ATAP/TANF recipient?  Current  Former  Not Applicable
- How much do you estimate you could save on a monthly basis?  \$25-30  \$31-40  Other \_\_\_\_\_
- Have you filed your prior year income taxes?  Yes  No

5. Are your wages currently being garnished?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

6. Do you currently have any judgments, liens, bankruptcies or foreclosures?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Participant Employment**

*NOTE: Please provide verification of employment (e.g. 2 most recent paycheck stubs)*

**Current Employer (if self-employed please indicate)**

Company Name:	Employed (state month/year) From:	To:
Phone Number:	Wage: per Hour \$	per Month \$
Position/Type of Work:	Average number of hours worked weekly:	

**Current Employer 2**

Company Name:	Employed (state month/year) From:	To:
Phone Number:	Wage: per Hour \$	per Month \$
Position/Type of Work:	Average number of hours worked weekly:	

**Spouse's/Partner's Current Employer (do not fill out if not living with you)**

Company Name:	Employed (state month/year) From:	To:
Phone Number:	Wage: per Hour \$	per Month \$
Position/Type of Work:	Average number of hours worked weekly:	

**Other Household Members Employment Information**

**List All Household Members (excluding yourself). Be sure to list everyone who lives with you (including children and other dependents), if they receive any income.**

Name	Age	Relationship to You	Monthly Gross Income (before taxes)

## Monthly Gross (before taxes) Income of Household by Source

### EARNED INCOME:

\$ \_\_\_\_\_ **Your** Monthly Gross Income

\$ \_\_\_\_\_ Self-employment Income  
(selling things you make,  
sewing, child care, etc.)

\$ \_\_\_\_\_ Investment income

\$ \_\_\_\_\_ Monthly Gross Income of **other** members  
in your household currently employed

\$ \_\_\_\_\_ Other (specify: \_\_\_\_\_)

\$ \_\_\_\_\_ **Total**

### UN-EARNED INCOME:

Government assistance \$ \_\_\_\_\_  
(TANF, Food Stamps, SSI,  
Unemployment, Veteran's Benefits)

Pensions or retirement income \$ \_\_\_\_\_

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

Native Corp. Dividends, PFD's, \$ \_\_\_\_\_

Other (specify: \_\_\_\_\_ ) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### ASSETS AND LIABILITIES:

- |   |               |   |
|---|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you own a vehicle? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>If yes, value of vehicle(s): \$ _____</p> <p>Total value of vehicles: \$ _____</p> <p>Loan amount on vehicle(s) : \$ _____</p> <p>Loan source: _____</p> |
| <p>Number of vehicles owned: _____</p>  |               |   |
  
- |  |               |  |
|--|---------------|--|
| <ul style="list-style-type: none"> <li>• Do you own a home? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>If yes, market value of home: \$ _____</p> <p>Mortgage amount on home: \$ _____</p> <p>Mortgage source: _____</p> |
|--|---------------|--|
  
- |  |               |   |
|--|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you own a business? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>If yes, value of business: \$ _____</p> <p>Loan amount on business: \$ _____</p> <p>Loan source: _____</p> |
|--|---------------|---|
  
- |  |               |   |
|--|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you own residential,<br/>rental property or land? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>If yes, value of land: \$ _____</p> <p>Loan amount on property: \$ _____</p> <p>Loan source: _____</p> |
|--|---------------|---|
  
- |   |               |   |
|---|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you own stocks, bonds,<br/>or other investments? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>If yes, value of investments: \$ _____</p> |
|---|---------------|---|
  
- |   |               |   |
|---|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you have a checking account? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>Account balance: \$ _____</p> <p>Which Bank/ Credit Union: _____</p> |
|---|---------------|---|
  
- |  |               |   |
|--|---------------|---|
| <ul style="list-style-type: none"> <li>• Do you have a savings account<br/>(other than an IDA)? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>Account balance: \$ _____</p> <p>Which Bank/ Credit Union: _____</p> |
|--|---------------|---|
  
- |   |               |                                    |
|---|---------------|------------------------------------|
| <ul style="list-style-type: none"> <li>• Do you owe money to family/friends? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>Amount of loan(s): \$ _____</p> |
|---|---------------|------------------------------------|
  
- |   |               |                                    |
|---|---------------|------------------------------------|
| <ul style="list-style-type: none"> <li>• Do you have any household bills past due? <b>Yes/No</b></li> </ul> | <b>Yes/No</b> | <p>Amount of bill(s): \$ _____</p> |
|---|---------------|------------------------------------|

- Do you have past due credit card bills? **Yes/No** Amount of bill(s): \$ \_\_\_\_\_
- Do you have any past due medical bills? **Yes/No** Amount outstanding:\$ \_\_\_\_\_
- Do you have any outstanding student loans? **Yes/No** Amount outstanding:\$ \_\_\_\_\_

**Household Budget**

If you need help preparing the budget, call the IDA case manager, Amy Wood at 742-9077, ext. 221.

Average Monthly Expenses			
<b>Rent:\$</b>	<b>Mortgage:\$</b>	<b>Car Insurance:\$</b>	<b>Medical Bills:\$</b>
<b>Electric Bill:\$</b>		<b>Other Insurance:\$</b>	<b>Credit Cards:\$</b>
<b>Gas Bill:\$</b>		<b>Child Support Payments:\$</b>	<b>Day Care:\$</b>
<b>Water/Sewer Bill:\$</b>		<b>Alimony Payments:\$</b>	<b>Cable Bill:\$</b>
<b>Phone Bill:\$</b>		<b>Student Loans:\$</b>	<b>Food:\$</b>
<b>Car Payment:\$</b>		<b>Other Loans:\$</b>	<b>Other:\$</b>

**Net Income Available for Savings in IDA**

Total Household Earned Income \$ \_\_\_\_\_

- Total all Expenses \$ \_\_\_\_\_

= Net Income available for IDA Savings \$ \_\_\_\_\_

## Applicant Personal Statement

Please explain why you are interested in participating in the IDA Program. Be sure to describe your financial goals for your family and any steps you have already taken to work toward those goals. Also please discuss the asset you would be interested in purchasing with your IDA savings and why you have chosen that asset. *This statement will be used to determine your readiness for the program.*

A condition of participation in the program is participation in required classes, meetings and/or appointments. Which days and times are best for you? (List all that apply) Will you need daycare? Transportation?

Of the following goals, which one would you save towards?

- First home purchase
- Post Secondary Education

I understand the above information will be kept confidential. I certify that all statements made on this application are true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date