

# 2019 INDIVIDUAL DEVELOPMENT ACCOUNT APPLICATION

**Application Instructions**

IDA applicants must complete the application entirely, attach copies of all required documentation, and return the application to your IDA Administrator for review and approval.

Applicants should be aware that IDA Program eligibility is based on the income of the applicant’s **entire household**. Household members are defined as those who benefit from shared income and resources and contribute financially to each other’s needs and expenses. This includes the applicant, their dependents and other household income contributors such as a spouse, partner, ex-spouse or ex-partner, parents, or other relatives.

The total number of people in a “household” is not always equal to the number of people living in the residence. Individuals may live in the same dwelling, but not share financial resources or benefit from each other’s income. For example, two people living in a home as roommates, dividing costs of rent, utilities, and food, but who do not pool resources for savings or shared investments or assets, would not count each other in determining household size or income. In other cases, individuals who do not live together may support each other financially (such as a parent and college student who lives in a dorm) and therefore they are treated as a “household.”

Don’t forget to sign and date your **fully completed** application. Incomplete applications will not be considered for approval. If you submit documents at different times, note that everything should be submitted within 30 days of the first document you submit.

If you have questions about these application procedures or the eligibility guidelines and program rules, please contact your IDA Administrator.

*Note: Income is only considered at the time of application. If you are accepted into the program and your income increases, this will not affect your eligibility to stay in the program. In fact, we encourage savers to look for ways to increase their earning power so that they can reach their savings goal sooner.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name |  |  | Date:­­ |  |

**IDA Applicant Check List**

  **Income/Identification Documentation -** Please **provide copies** of the following:

 [ ]  2 Weeks of most recent, consecutive pay stubs for all wage earners in household over 18.

 \*\*If self-employed, bring current monthly profit/loss statement.

 [ ]  Government assistance eligibility/award letters: Child Support, Food Stamps, SSI, SSDI

 [ ]  Signed, Most Recent Tax Return (filed less than 12 months prior to date of application)

 [ ]  Other Income, i.e. pensions

 [ ]  Driver’s License or state issued ID

 [ ]  Social Security Number Validation for the applicant (SSN card, Social Security benefit letter, etc.)

[ ]  Credit Score

**ProgramForms -** *Please* ***complete*** *the following and bring to appointment:*

[ ]  IDA Application

 [ ]  Savings Plan Agreement (may be completed with IDA agency)

 [ ]  Zero Income Affidavit, if applicable

 [ ]  No Prior IDA Affidavit

 **Agency-Specific Forms Requested:**

 [ ]

 [ ]

 [ ]

**For Internal Use Only**

|  |  |  |
| --- | --- | --- |
| **Application Complete:** | [ ]  Yes [ ]  No | **Date Contacted:**  |
| **Application Approved:**  | [ ]  Approved [ ]  Denied | [ ]  Waitlisted | **Date Approved:**  |
| **If Denied, reason why:** |       |
| **IDA Administrator Signature:** |  |

**Individual Development Account Participant Application**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants must provide all requested information and documentation in order to be considered for participation in Indiana’s IDA Program. Indiana Housing and Community Development Authority (IHCDA) and its partnering administrating IDA Organizations will keep any information provided confidential. Please TYPE or PRINT legibly.

|  |  |
| --- | --- |
| **IDA Organization Name**: |  |
| **Applicant Information** |
| **First Name**: |  |  | **Last Name**: |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SSN**: |  | **Date of Birth**: |   |

 **Gender:** [ ]  Female [ ]  Male

**Marital Status**  **Do you have a disability?**  **Race/Ethnicity**

[ ]  Single, never married [ ]  Yes [ ]  African American

[ ]  Married [ ]  No [ ]  Asian/Pacific Islander

[ ]  Separated [ ]  Prefer not to Answer [ ]  Caucasian

[ ]  Divorced [ ]  Latin/Hispanic

[ ]  Widowed [ ]  Native American

 [ ]  Other

|  |
| --- |
| **Emergency Contact Name**: **Relationship to you**:  |
| **Home Address**:  |
| **City**:  | **County:**  | **State**:  |
| **Zip Code:**  | **Home Phone**:  | **Cell Phone:**  |
| **Work Phone**:  | **Email Address:**  |

**Employment Status Education:** Highest Level Completed

[ ]  Full-time [ ]  Part-time [ ]  K-5 [ ]  College-2 or 4 yr. Degree

[ ]  Self-Employed [ ]  Grades 6-8 [ ]  Graduate - Master’s Degree

[ ]  Student – Full-time [ ]  Grades 9-11 [ ]  Graduate- Ph.D.

[ ]  Student – Part-time [ ]  High School Diploma/GED

[ ]  Unemployed [ ]  Some College- no Degree earned

[ ]  Retired or Disabled [ ]  Vocational/ Technical

**Household Information**

**Do you -?** [ ]  Own [ ]  Rent **Total Household Size:** \_\_\_\_\_\_

**How many adults (18 yrs and older) live in applicant’s household?** \_\_\_\_\_\_

**How many children (under 18 yrs) currently live in applicant's household?** \_\_\_\_\_\_

**How many adults (18 and older) *do not* live with the applicant but should be considered part of the applicant’s household unit?** \_\_\_\_\_\_\_\_

**Has anyone currently in your household ever opened an Individual Development Account?** \_\_\_\_\_\_

**Transportation**

**Do you own a vehicle?** [ ]  Yes [ ]  No **If yes, how many?** \_\_\_\_\_\_\_\_

**If no, what is your mode of transportation?** [ ]  Bus [ ]  Taxi [ ]  Walk [ ]  Bike

**Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Employer:** |  |  | Position: |  |
|  |  |  |  |  |
| Address: |  |
|  |  |  |  |  |
| City: |  |  | State: |  |  | Zip: |  |
|  |  |  |  |  |
| Phone Number: |  |  | Employment Start Date:  |  |
|  |  |  |  |  |
| Starting Salary: |  |  [ ]  Hourly | [ ]  Annually | Hours per Wk? |  |
|  |  |  |  |  |

**Income Status-**- List current **MONTHLY** gross income for **ENTIRE** household.

Total household income according to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total household income according to Income Calculation Worksheet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*The IDA Administrator will fill in the Calculation Work Worksheet, and so will answer this question

**Saving Potential**

Fast Track – can you meet your savings goal in two years? [ ]  Yes [ ]  No

How much do you estimate you can save monthly? [ ]  $0-10 [ ]  $11-20 [ ]  $21-30 [ ]  $35+

**Availability**

If you’re accepted in Indiana’s IDA Program, what is your availability to attend required classes, meetings or appointments, etc.?

[ ]  Day Times\_\_\_\_\_\_\_\_\_\_ [ ]  Evening Times\_\_\_\_\_\_\_\_\_ [ ]  Saturday Times\_\_\_\_\_\_\_\_\_

[ ]  Weekday Morning [ ] Weekday Afternoon

**How did you hear about us?** [ ]  Friend [ ]  Internet [ ]  Newspaper [ ]  Unknown [ ]  Partner Agency [ ]  Other

[ ]  Family [ ]  Flyer [ ]  Radio [ ]  Other Agency Service

**Goals**

**Goal for the IDA Asset: What asset would you like to purchase at the end of the program?**

[ ]  Purchase primary residence

[ ]  Further education or job training

[ ]  Start or expand a business

[ ]  Rehabilitation/Repair of a primary residence

[ ]  Purchase a vehicle

**Goals for the IDA Program: What other goals would you like to accomplish by the end of the program? Check all that apply.**

[ ]  Gain the knowledge to successfully manage my money [ ]  Achieve financial stability

[ ]  Become self-sufficient [ ]  Start a new job or improve my career[ ]  Fix my credit score [ ]  Start saving regularly [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Skills Assessment Credit Score: \_\_\_\_\_\_ Credit Reporting Agency:\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Do you currently or have you ever had any of the following?*** |   | **No** | **Unknown** | **Yes** |
| **Savings Account**   |  |  |  |
| **Checking Account**  |  |   |  |
| **Retirement Account** |  |  |  |
| **Debit/ATM card** |  |  |  |
| ***Do you regularly keep any of the following?*** | **No** | **Yes** |  |
| **Planned monthly budget** |  |  |  |
| **Record of bank statements** |  |  |  |
| **Record of monthly expenditures** |  |  |  |
| ***Do you currently or have you ever had any of the following?*** | **No** | **Yes** | **Amount** |
| **Household Bills Past Due**  |   |  | **$** |
| **Credit Card Balance**    |  |   | **$** |
| **Student Loans**   |  |   | **$** |
| **Overdue Medical Bills**  |  |   | **$** |
| ***Misc.***  | **No** | **Yes** |  |
| **Have you ever been a TANF recipient?**    |  |  |  |
| **Are you currently receiving TANF?**     |  |   |  |
| **Are you currently receiving SSI or SSDI?**    |  |   |  |
| **Do you currently receive the Earned Income Tax Credit (EITC)?** |  |   |  |
| **Do you have health insurance?** |  |   |  |
| **Have you ever used Direct Deposit?** |  |   |  |
| **Do you regularly set aside money in order to build up savings?** |  |   |  |
| **Have you taken financial education courses before?** |  |   |  |
|  |

**Media Requests**

Occasionally IHCDA receives requests from reporters and other media representatives to interview IDA clients for news stories and other press regarding our savings program. Would you be willing to be placed on a list of possible interviewees?[ ]  Yes [ ]  No

**Beneficiary Designation**

I understand that I must designate an individual who will receive the balance of my IDA account in the event of my death. I understand that if the beneficiary is a member of my family, **all** funds in the account will remain. Conversely, if the beneficiary listed is not a member of my family, all matching funds will revert back to the state. A beneficiary, who becomes the holder of an account, is subject to the same rules and regulations with regard to Indiana’s IDA program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | , designate, |  | to receive the  |
|  (Applicant’s Name) (Beneficiary’s Name) |

balance of my Individual Development Account upon my death.

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship: |  | Beneficiary SSN: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Beneficiary Date of Birth: |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Cell Number: |  |

|  |  |
| --- | --- |
| Address:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City : |  | State:  |  | Zip Code:  |  |

Providing written notice, in a satisfactory form, to the administering agency, may change this designation. If my Beneficiary is a spouse or dependent, and they meet all IDA qualifications, they may continue in the IDA program, if they so choose. If the named Beneficiary is NOT a spouse or dependent, such person will receive only my personal savings and the IDA account will be closed.

***I affirm, under the penalties of perjury, that the foregoing representations are true and complete, and that neither I nor anyone in my household has previously participated in Indiana’s IDA Program.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature |  | Date |

**Narrative**

Please explain why you are interested in participating in Indiana’s IDA Program. *This statement will be used to determine your readiness for the program.* Include the following:

* Your financial goals for your family and any steps you have already taken to work toward those goals
* The asset you would be interested in purchasing with your IDA savings and why you have chosen that asset
* An explanation detailing how this asset will impact your life

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