

Midas Collaborative

Application Form

Your Community Partner is:

Personal Information

Thank you for taking the time to complete this application. The information you provide will be kept confidential and will be used only to determine if you qualify for the IDA program. If you have any questions about the application process or the IDA program, please contact your Community Partner.

Social Sec. No.: _____ - _____ - _____ **Gender:** Female **Date of Birth:** ____ / ____ / ____
 Male

Name: _____

Street Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Alternate Phone:** (____) _____ **Email:** _____

Mailing Address (if different from above): _____

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other (please specify: _____) | |

Country of Origin: (if born outside of the US) _____

Place of Residence:

- Urban or suburban (population of 2,500 or more)
 Small town or rural (population of less than 2,500)

Highest Level of Education Completed:

- | | |
|---|---|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Attended some or currently enrolled in college |
| <input type="checkbox"/> Grade 6 through 8 | <input type="checkbox"/> Attained 2 year degree |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> Attained 4 year degree |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduated or currently attending graduate school |

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ **Phone:** (____) _____

Street: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Household Information

How many adults (18yrs and older) currently live in your household: _____ (include yourself)

How many children (under 18yrs) currently live in your household: _____

Your marital status:

- Single (never married) Married Separated
 Divorced Widowed

Employment Information

Applicant Employment Status (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Employed more than full-time | <input type="checkbox"/> Employed full-time |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Currently seeking employment |
| <input type="checkbox"/> Working and in school or job training | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Laid off, waiting for call back | <input type="checkbox"/> Disabled, not seeking employment |
| <input type="checkbox"/> Currently in school or job training | <input type="checkbox"/> Retired, not seeking employment |

Employer: _____ Phone: (____) _____

Street: _____

City: _____ State: _____ Zip Code: _____

How long have you been either self-employed or employed at your current job? (If you are working more than one job, please use the job you have been at the longest to answer this question)

- Less than 6 months 6 months to 1 year 1 year to 2 years More than 2 years


How many members of the household *other than yourself* are employed either full or part-time? _____

Please include both children and adults in the household that are formally employed. If any, please complete the section below. (If more than 3 continue on the back of this form with the required information).

	<u>Name of household member</u>	<u>Employer Name</u>	<u>Employer Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Income Information

Please list the **MONTHLY gross income** (before taxes) of all members of your **household**, listed on the previous page, by the following sources.

Items with the  symbol require supporting documentation. Please see the attached **Application Documentation Checklist**.

 **Formal employment (Wages)** \$ _____

 **Self-employment (Selling things you make or providing a service)** \$ _____


 **Government assistance (TAFDC, SSI, SSDI, etc.)**

Please list each source and the monthly amount you currently receive:

_____	\$ _____
_____	\$ _____
_____	\$ _____

 **Pensions or retirement income** \$ _____

 **Child Support** \$ _____

 **Worker's Compensation or Unemployment (circle one)** \$ _____

 **Investment income** \$ _____

 **Other (please specify: _____)** \$ _____


TOTAL \$ _____

Miscellaneous Questions

Have you ever been a recipient of TAFDC?	(Circle One) Yes No
Are you presently a TAFDC recipient?	Yes No
Do you currently receive SSI or SSDI?	Yes No
Do you currently receive food stamps?	Yes No
Do you currently live in state or federally subsidized housing?	Yes No
Do you currently receive childcare subsidies (vouchers)?	Yes No

Assets and Liabilities

Please answer the following questions as they relate to your household financial situation. Be sure that if you circle YES to any of the following that you put a corresponding amount on the line next to it.

Items with the  symbol require supporting documentation. Please see the attached **Application Documentation Checklist**.

	(Circle One)		<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Mileage</u>
Do you own a vehicle(s)	Yes	No	1. _____	_____	_____	_____
If more than two vehicles list required information for each vehicle on the back of this form			2. _____	_____	_____	_____
			Total of all outstanding loan(s) on all vehicles:		1.\$ _____	2.\$ _____
Do you own a home?	Yes	No	Assessed value of home:		\$ _____	
			Outstanding mortgage:		\$ _____	
 Do you own a business?	Yes	No	Assets of business:		\$ _____	
			Loans/Liabilities of bus.:		\$ _____	
 Do you own other real estate 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 personal checking account?	Yes	No	Amount in account:		\$ _____	
 Do you have a personal savings account (other than an IDA)?	Yes	No	Amount in account:		\$ _____	
Do you owe money to friends or family?	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 have Health Insurance?	Yes	No				
Do you have Life Insurance?	Yes	No				

Applicant Personal Statement

Please explain why you are interested in participating in the IDA Program.

What primary asset do you plan to save for? Homeownership Post-Secondary Education
 Business Development

How much do you think you could afford to save each month? \$ _____

How did you hear about this Program? (circle one)

Newspaper Web/Internet DTA Radio Word of Mouth
Community Organization (please list: _____) Other (please list: _____)

Applicant Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Midas Collaborative Policies and Procedures Acknowledgement

I, _____, acknowledge that I have received a copy of The
(Investor Name—please print)

Midas Collaborative Matched Savings Program Policies and Procedures. Further, I understand that I am bound by these policies and procedures and subject to their implementation.

Investor Signature _____

Date _____