



Asset Applying For: _____
 Date Received: _____

NMCAA IDA Program (January 2012)

NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY

3963 Three Mile Rd.
 Traverse City, MI 49686
 (231) 947-3780 or (800) 632-7334
 Fax: (231) 947-4935

1640 Marty Paul St.
 Cadillac, MI 49601
 (231) 775-9781 or (800) 443-2297
 Fax: (231) 775-1448

2202 Mitchell Park Dr. Ste. 4
 Petoskey, MI 49770
 (231) 347-9070 or (800) 443-5518
 Fax: (231) 347-3664

POTENTIAL IDA PARTICIPANT APPLICATION FORM

County: _____

Applicant's name: (last, first MI)		Birthdate:	Social Security #:
Full Address			
Primary phone:	Work phone:	Cell phone:	Email address:

Co-Applicant's name: (last, first MI)		Birthdate:	Social Security #:
Full Address			
Primary phone:	Work phone:	Cell phone:	Email address:

Household Information¹

Please list Applicant, Co-Applicant, and all Other Household Members: (Do not include earned income of minor children.)
DO include unearned income of minor children.

Name	Date of Birth	Gross Annual Income	Source of Income	Relationship to Applicant	Social Security Number
				Self	

Total Annual Household Income: \$ _____

What is the primary language spoken in your household? _____

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

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.

Has anyone in your household ever had an existing relationship with NMCAA prior to enrollment in the IDA program?
 Yes No Unknown

Were you referred to the Michigan IDA Program by another organization? Yes No Unknown

Referring Source: _____

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
- Other: (Living w/ relatives/ friends)

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

If yes what, type of assistance: _____

How did you hear about Michigan IDA Program? _____

Do you have any special needs Michigan IDA Program staff should know about?

Is anyone in the home a veteran? Yes No If so who? _____

Are you a U.S. Citizen? Yes No Unknown

Do you participate in a Family Self-sufficiency Program? Yes No Unknown

Do you or a family member have a history of domestic violence? Yes No Unknown

Have you ever been a recipient of FIP, FAP, TANF or AFDC? Yes No Unknown

Are you presently a FIP, FAP, TANF or 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 (Daycare Assistance) or Medicaid? Yes No Unknown

Do you receive VA benefits? Yes No Unknown

Are you a JET participant? Yes No Unknown

Do you currently use a household budget? Yes No Unknown

Do you use direct deposit? Yes No Unknown

Do you currently use non-traditional financial services (payday loans, pawn shops, etc.)?
 Yes No Unknown

For Statistical Purposes only: (Please mark and complete appropriate answer as it applies)

Applicant

Race: White
 Black
 American Indian/Alaskan Native
 Hispanic
 Other

Sex: Male Female

Relationship status: Single Married
 Divorced Separated
 Widowed

Disabled: Yes No

Previous Homeowner: Yes No
(If Yes, within last three years?) Yes No

Co-Applicant

Race: White
 Black
 American Indian/Alaskan Native
 Hispanic
 Other

Sex: Male Female

Relationship Status: Single Married
 Divorced Separated
 Widowed

Disabled: Yes No

Previous Homeowner: Yes No
(If Yes, within last three years?) Yes No

Highest Level of Education Completed

(Please Circle)

Applicant	Education Level	Co-Applicant
<input type="checkbox"/>	Grade K through 5	<input type="checkbox"/>
<input type="checkbox"/>	Grade 6 through 8	<input type="checkbox"/>
<input type="checkbox"/>	Grade 9 through 11	<input type="checkbox"/>
<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>
<input type="checkbox"/>	Some College	<input type="checkbox"/>
<input type="checkbox"/>	2 year Degree	<input type="checkbox"/>
<input type="checkbox"/>	4 year Degree	<input type="checkbox"/>
<input type="checkbox"/>	Attended Graduate School	<input type="checkbox"/>

Income Guidelines (Please attach copies of the most recent paystubs for all household members plus last year's income tax return.)

Valid through September 30, 2012

(Please check the appropriate box for your family size using income from the past 12 months.)

Family Size	Annual Income up to:	Family Size	Annual Income up to:	Family Size	Annual Income up to:
<input type="checkbox"/> 1	\$22,340	<input type="checkbox"/> 4	\$46,100	<input type="checkbox"/> 7	\$69,860
<input type="checkbox"/> 2	\$30,260	<input type="checkbox"/> 5	\$54,020	<input type="checkbox"/> 8	\$77,780
<input type="checkbox"/> 3	\$38,180	<input type="checkbox"/> 6	\$61,940	Each Add't	\$7,920

Earned Income Tax Credit (EITC) information:

Income and family size determine the amount of Earned Income Tax Credit an individual or family member may receive. To qualify for the credit, a person's or family's investment income must be \$3,150 or less, and both earned income and adjusted gross income for 2011 must be more than \$1 but no more than the amounts listed in each category in the table below.

2011 Tax Year

# of qualifying children	Family Head	
	Filing Individually	Married Filing Jointly
0	\$13,660	\$18,740
1	\$36,052	\$41,132
2	\$40,964	\$46,044
3 or more	\$43,998	\$49,078

Based on the table above, was your household eligible for the federal EITC last year? Yes No
If you are eligible, did you file for/receive a federal EITC for \$2011? Yes No

Employment Information

Primary Employment Status (Check one):

Applicant		Co-Applicant
<input type="checkbox"/>	Employed more than full time (overtime or more than one job)	<input type="checkbox"/>
<input type="checkbox"/>	Employed full time (35-40 hours)	<input type="checkbox"/>
<input type="checkbox"/>	Employed part time(up to 35 hours)	<input type="checkbox"/>
<input type="checkbox"/>	Working and in school or job training	<input type="checkbox"/>
<input type="checkbox"/>	Laid off, waiting for call back	<input type="checkbox"/>
<input type="checkbox"/>	Currently in school or job training	<input type="checkbox"/>
<input type="checkbox"/>	Currently seeking employment	<input type="checkbox"/>
<input type="checkbox"/>	Homemaker (not seeking employment)	<input type="checkbox"/>
<input type="checkbox"/>	Disabled (not seeking employment)	<input type="checkbox"/>
<input type="checkbox"/>	Retired(not seeking employment)	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

Employment History

Applicant's employment history - *(Please start with your most recent job going back 3 years.)*

Applicant's Current Employer		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	
Applicant's Employer 2		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	
Applicant's Employer 3		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	

Co-Applicant's employment history - *(Please start with your most recent job going back 3 years.)*

Applicant's Current Employer		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	
Co-Applicant's Employer 2		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	
Co-Applicant's Employer 3		Phone	Position	Number of years in position?
Full Address				
Current Rate of Pay	Hours per week	Start Date	End Date	

Income Verification Checklist

Each household member (excluding minors) must complete one of the below sections and be prepared to verify all items checked 'Yes'. Failure to comply may result in denial or termination of benefits.

I receive:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Wages (including self-employment)
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Financial Independence Program (FIP)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	<input type="checkbox"/>	Military Allotments
<input type="checkbox"/>	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	<input type="checkbox"/>	State Disability Assistance

Other: _____

Name: _____

*Signature: _____

Date: _____

I receive:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Wages (including self-employment)
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Financial Independence Program (FIP)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	<input type="checkbox"/>	Military Allotments
<input type="checkbox"/>	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	<input type="checkbox"/>	State Disability Assistance

Other: _____

Name: _____

*Signature: _____

Date: _____

I certify to the best of my knowledge that all statements are true, and when circumstances change I will notify my counselor. I understand that providing false information may result in denial or termination of benefits.

_____ Initials

Assets & Liabilities

Assets

Circle One

Do you own a vehicle(s)?	Yes	No	Value of vehicle?	\$
			Outstanding loan balance?	\$
			Condition:	
Do you own a home or is your name on a title?	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, 401k, or other investments?	Yes	No	Value of investments?	\$
			Type of investment:	
Do you have a checking account?	Yes	No	Amount in account:	\$
Do you have a savings account (other than the IDA)?	Yes	No	Amount in account:	\$

Liabilities

Rent/Mortgage payment	Yes	No	Payment per month?	\$
Utilities	Yes	No	Payment per month?	\$
Do you have past due household bills?	Yes	No	If so, what type?	
			Amount past due?	\$
			Payment per month?	\$
Do you owe money to family or friends?	Yes	No	Amount you owe?	\$
			Payment per month?	\$
Are you carrying a balance on credit card(s)?	Yes	No	Total of all balance(s)?	\$
			Payment per month?	\$
Do you have student loans? If you have student loans, are they current?	Yes	No	Total loan amount?	\$
			Payment per month?	\$
Do you have outstanding medical bills?	Yes	No	Outstanding balance?	\$
			Payment per month?	\$
Do you pay child support and/or alimony?	Yes	No	Amount you pay weekly?	\$
Do you have health insurance?	Yes	No	Payment per year?	\$
Do you have life insurance?	Yes	No	Payment per year?	\$
Do you have vehicle insurance?	Yes	No	Payment per year?	\$
Do you have renters/homeownership insurance?	Yes	No	Payment per year?	\$

For Office Use Only

Total Assets: (excluding home/primary residence and car)	\$
Total Liabilities: (minus)	-
Net Worth:	\$

PARTICIPANT BUDGET**Participant Name:** _____

Income Sources	\$/month	\$/year	Expenses/Debts	\$/month	\$/year
Applicant			Rent		
Applicant			Home Mortgage		
Co-Applicant			Renter's Insurance		
Co-Applicant			Utilities (electric, gas, water, sewer, garbage)		
Child Support			Telephone (house, pager, cell phone)		
Alimony			Personal Insurance (health, life, etc.)		
Social Security			Car payments		
TANF/FIP			Car Maintenance (tags, gas, upkeep, repairs)		
Food Stamps			Car Insurance		
Investment/Dividends			Medical (doctor, dentist, medicine)		
Pension/Retirement			Child Care		
TOTAL INCOME:			Child Support/Alimony		
			Groceries & Household Supplies		
			Meals out/school lunches		
			Dry cleaning/Laundromat		
TOTAL INCOME:			Clothing		
TOTAL EXPENSES:			Entertainment		
AMOUNT AVAILABLE FOR SAVINGS:			Credit Cards:		
			Others:		
			TOTAL EXPENSES:		

Explanations/Details: _____

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)?

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: _____

Relationship to Emergency Contact: _____

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.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

If you were referred to the IDA Program through the Michigan Land Use Institute (MLUI), we ask you to check the box below to authorize us to discuss your potential application and/or participation with IDA Program.

By checking this box, I/we authorize the Release of Information to the MLUI.

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: _____

For Office Use Only

Please fill out:

Date of enrollment: ____/____/____ Application reviewed by: _____ Site ID: _____

Applicant: Meets household income requirements to enter program (Below 200% Poverty.)

Circle one

- TANF Eligible Non-TANF Eligible
- Has sufficient earned income?
- Will be able to attend personal finance workshops

Outcome:

- Applicant accepted and will attend first 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 Outcome Tracker

Participant Credit Score at program entry

Report Date: ____/____/____

Beacon _____ Emperica _____ Fair Isaac _____

*The Michigan IDA Program, its agents, partners and funders do not discriminate on the basis of race, color, sex, age, religion, national origin, disability or martial status.
religion, national origin, disability or martial status.*