

1-on-1 _____
<input type="checkbox"/> Taxes
<input type="checkbox"/> Pay stubs
<input type="checkbox"/> Photo ID
<input type="checkbox"/> School
<input type="checkbox"/> Credit
Eng/Span/Viet
Class _____
<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason _____

Individual Development Account (IDA) Program Application

Please print carefully

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. Any information reported to outside agencies will be for evaluation purposes only; your name will not be associated in any way with the information you provide. If you have any questions about the application process or the IDA program, please call Opportunity Fund at (866) 364-4391

APPLICANT

First Name: _____ Middle Initial _____ Last Name: _____

Date of Birth: ____/____/____ SSN: _____-____-____ Male Female

SPOUSE

First Name: _____ Middle Initial _____ Last Name: _____

Date of Birth: ____/____/____ SSN: _____-____-____ Male Female

Ethnicity: African American White Latino or Hispanic
 Asian, Pacific Islander Native American Mixed/Other _____

Home Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell/Voice Mail: (____) _____ Email: _____

Mailing Address if different from Home Address:

Address _____ City _____ State _____ Zip _____

Marital Status:

Single Married Partnered Separated Divorced Widowed

What is your household status?

Single, living with parents Single, head of household Living with spouse or partner

What is the size of your household? Adults _____ Children under 18 _____

Please provide us with the name of a relative who would know where you were if you moved:			
Name _____		Relation to you _____	
Address _____		City _____	State _____ Zip _____
Home Phone: (____) _____		Work Phone: (____) _____	

Referred by: _____

IDA Program Application

Please list all children living in your home:
 If additional space is needed, please request additional paper.

Name	Age	DOB	Does this child live with you?	Was this child claimed on your tax return?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give an **ESTIMATE** of the **MONTHLY** gross income for your household (you and everyone you share income and expenses with):

APPLICANT		SPOUSE	
Formal Employment	\$	Formal Employment	\$
Self-employment	\$	Self-employment	\$
Government Assistance (CalWorks/TANF, SSSI)	\$(circle type)	Government Assistance (CalWorks/TANF, SSSI)	\$(circle type)
Pensions or Retirement (monthly stipend)	\$	Pensions or Retirement (monthly stipend)	\$
Child Support/Alimony	\$	Child Support/Alimony	\$
Friends or Family	\$	Friends or Family	\$
Investment Income (interest, dividends)	\$	Investment Income (interest, dividends)	\$
Other:	\$	Other:	\$
Total (MONTHLY)	\$	Total (MONTHLY)	\$
Total Household Income (MONTHLY)		\$	

Did you file taxes in 2008? Yes No
 Did someone claim you on their taxes in 2008? Yes No

What days/time of the week are you available to attend Financial Literacy Training Events?
 PLEASE CHECK ALL THAT APPLY

Monday AM PM Tuesday AM PM Wednesday AM PM
 Thursday AM PM Friday AM PM Saturday AM PM

What asset(s) do you plan to save for?

Post-Secondary Education: Community college/vocational (\$3,000 match) OR University (\$4,000 match)

Business: Start Up (\$4,000 match) OR Expansion (\$4,000 match)

What is your current occupation? _____

What is your highest level of education completed?

- Grade school (K-5) Graduated high school or GED Graduated 4 year college (Year_____)
- Middle school (6-8) Some college Attended graduate school
- Attended high school Graduated 2 year college (Year_____)

What is your employment status?

- Employed part-time Laid off, waiting for call back Full time student
- Employed full-time/Self-employed Homemaker, not seeking employment Working & in school
- Employed more than full-time (including overtime or more than one job)
- Disabled, not seeking employment
- Retired, not seeking employment
- Currently seeking employment

What is the longest time you have worked at any one job within the last three years?

- Less than 1 year (List number of months) _____
- 1-2 years
- More than 2 years

FAMILY FINANCIAL HISTORY

The following responses will be verified through review of your personal credit report. Failure to provide correct information is grounds from termination from the IDA program.

Do you...

- | | | |
|--|--|---|
| Own a vehicle? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Value of Vehicle \$ _____ |
| | | Loan Amount on vehicle \$ _____ |
| Own a home? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Market Value of home \$ _____ |
| | | Total Mortgage Amount \$ _____ |
| Own a business? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Value of business \$ _____ |
| | | Loan Amount of business \$ _____ |
| Own rental property or land? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Total value of property \$ _____ |
| | | Loan amount of property \$ _____ |
| Own stocks, bonds, 401K, 403B or other investments? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Value of investments \$ _____ |
| Have a checking account? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount in account \$ _____ |
| Have any savings or business accounts? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Total amount of savings \$ _____ |
| Owe money to family/friends? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount owed \$ _____ |
| Have past due household bills? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount past due \$ _____ |
| Have credit card debt? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Debt balance \$ _____ |
| Have any student loans? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of student loans \$ _____ |
| Have any medical bill debt? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of medical bills \$ _____ |
| Have any other debt? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of other debt \$ _____ |

FINANCIAL HISTORY (continued)

Are you obligated to pay alimony, child support, or separate maintenance? Yes No
 If yes, how much per month? _____

Are you currently party to any lawsuits or outstanding judgments? Yes No

Have you had a bankruptcy or foreclosure? Yes No
 If so, what date did you do so? _____

Are you currently subject to a tax lien or wage garnishment? Yes No

Are you co-signer or endorser on a note? Yes No

Do you have health insurance? Yes No

Do you have life insurance? Yes No

Can anyone else claim you on their taxes? Yes No

Are you currently?

- Saving a regular amount each month? Yes No
 - If yes, what are you saving for? _____

• Budgeting your monthly expenses? Yes No

• Do your children have savings accounts? No children Yes No

• In the past 12 months, have you used any of the following? (Circle any that you have used)

Check Cashing Service Pay Day Lender Rent-to-Own Store Tax Refund Loan

Were you or your immediate family members ever enrolled in this or any other IDA program? Yes No

If yes, what IDA program? _____ What is the name of your enrolled family member? _____

What is this family members relationship to you?(brother, sister, father, mother, son, daughter, etc.) _____

How much do you think you could realistically save each month in your IDA? _____

What would you like to learn from being in this program?

I acknowledge that all reported information is true and accurate to the best of my knowledge. I understand that any intentional misrepresentations can be grounds for termination from the program. The signer authorizes Opportunity Fund of Northern California to obtain consumer and/or business credit reports in his/her name at the time of application and again at graduation from the program.

Applicant's signature _____ **Date** _____

Spouse's signature _____ **Date** _____