AGENCY NAME PROGRAM NAME

Prospective Participant Application Form

Personal Information

First Name:_____ Last Name: _____

Social Security #: _____ - ____ - _____ A# _____

Copies of Social security cards and I-94 or green cards for all household members must be attached.

Married___ Single___ Widowed___ Divorced___ Separated___ Married –spouse not in U.S.___

DEFINITIONS:

Household - All members of a nuclear family living together (spouse – legal or common law and unmarried children of any age).

Gross Earned Income - All salaries, wages, dividends, interest, or other cash receipts before tax for the last 12 months. Excluded are welfare payments, SSI, SSDI and state or federal training program stipends.

Street: _____

City:_____State:_____Zip Code _____

Home Phone: (_____)_____ Work Phone _____

Cell Phone: (_____)_____ E-Mail: _____

Gender: Male___ Female___ Date of Birth: ____ / ____ / ____

Country of Origin: _____

Education (check highest level obtained): Grade School ____ Middle School _____ High School ____

Some College _____ College Graduate _____ Graduate School _____ Vocational ____

Have you or any member of your family ever participated in a Refugee IDA Program? Yes___No____

Household Information

How many adults (18yrs and older) currently live in participant's household: _____

How many children (under 18yrs) currently live in participant's household: _____

What is the primary language spoken in your household?_____

If it is not English, do you also speak English? _____

Emergency Contact Information

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

First Name: _____ Last Name_____

Home Phone: (____)_____ Cell Phone: (____)_____

Address: _____

City: _____ State: _____ Zip: _____

Income Information

Combined income of all household members - please list gross income (before taxes):

Formal employment (wages) $_____

Do not fill in this line – calculations will be based on tax forms and paycheck stubs.

Self-employment (selling things you make,

doing laundry, sewing, childcare, etc.) $_____

Do you have health insurance? Yes No

Do you have life insurance? Yes No

Copies of paycheck stubs for all employed members of your family and IRS tax form 1040 listing all household members must be attached.

Employment Information

Primary Employment Status (choose one):

___ Employed full-time

____Employed part-time

____Employed and in school or job training

____Not working

Employer: _____ Phone: (____)_____

Supervisor's Name: _____

Net Worth Calculation to determine Eligibility: See Attached Worksheet

Copies of bank statements, car registration, all loan documents should be presented – we do not need to keep copies of these items.

Do you save now? (Y/n) _____

How much do you have in savings now? $_____

How much will you save a month in the Program Name? $25 ____ $50____ $100____ Other$____

It will vary ____

At which bank would you prefer to open an Account Name? A Bank__ B Credit Union ___ C Bank ___

POINT OF CONTACT (if applicable)

What partnership organization are you working with in this program?

X name_____ x name _____ x name _____

Staff name

INTENDED USES:

What is your intended use of the PROGRAM NAME?

___ Home purchase ___ Education (college/vocational/recertification)

___ Education for child (**where child is 18 years old or older by end of the savings period**.)

___ Business ___ Vehicle for work or education

ACCOUNT TYPE:

Individual (Receive 1:1 match up to $2,000 _ _____

Family (Receive 1:1 match up to $4,000 _ _____

Please fill in the appropriate section

Home purchase

Describe the home and area you intend to buy.

What other financial resources do you plan to utilize to contribute to the purchase your home?

Education (College, Vocational Training or Recertification)

Describe the educational program in which you (or your child) intend to register and its total cost:

What other financial resources do you plan to utilize to supplement the education costs?

Business

Describe the business asset you intend to buy, and its total cost:

How does this asset fit into your business plan and how will it impact your business?

What other financial resources (if any) do you plan to utilize to supplement the business costs?

Vehicle

Explain why you need a vehicle for work or educational purposes.

READ CAREFULLY

I understand that AGENCY is expressly relying on information contained herein in deciding to approve this application. I warrant and represent that the information provided is true and complete. I agree to notify AGENCY promptly any material change in the information provided herein. I also give AGENCY permission to make any inquiries it deems necessary to confirm the validity of the information provided. I authorize AGENCY to obtain a preliminary credit report to determine eligibility for PROGRAM, to determine likelihood of receiving future loan application (and /or credit counseling). I agree to give AGENCY permission to publicize my Program Name participation. I confirm that I have not received maximum matching funds from another Refugee IDA program.

Applicant Signature: _____ Date_____

Other Signature: _____ Date_____

AGENCY NAME
PROGRAM NAME
Household Members Verification

The PROGRAM NAME is limited to one participant per household. In order to ensure that the maximum number of refugee households are able to participate in the program, we have defined a household as all members of a nuclear family living together (spouse – legal or common law and unmarried children of any age). In addition, unless there has been a legal separation or divorce, a spouse in the United States is always considered a member of the household. When determining income levels we will also take into account the incomes of each adult member of the household. Please review the attached information provided by the applicant named below to determine whether **all** household members (based on the definition above) have actually been listed. If the information is correct, please sign the verification at the bottom of this page and return it to the applicant for submission to the program coordinator. If the information is not correct, you may help the applicant correct the information if you choose to do so, and submit a revised list of household members directly to the Program Name Coordinator. Thank you for your cooperation in this effort.

Household Members:

Name	**Immigration Number**	**Relationship**	**Date of Birth**	**Employed**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Verification:
The information provided above is true and accurate according to my knowledge of the applicant and his/her family. I understand that the information above will be used to determine eligibility for a federal assistance program and that verification of incorrect information may result in prosecution for participating in fraud against the United States government.

Signed _____ Date _____

Position: _____ Organization: _____