



CADC IDA Program
 Potential Participant Application Form
Contact your local CADC Family Development Office to schedule an IDA Orientation and Money Smart training. Both must be completed before submitting an IDA Application.

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| OFFICE USE ONLY: Income/Earned Income: _____ Children Under 18: _____ Grant: AFI/TANF: _____ Goal: _____ |
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Please note: all information requested on this application form will be kept confidential within CADC and CADC IDA Program partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: _____ Social Sec. No.: ____ - ____ - ____
 Street: _____ Apt # _____
 City: _____ State: ____ Zip Code: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Pager: (____) _____
 Gender: Female Male Date of Birth: ____ / ____ / ____
 Ethnicity: African American Caucasian
 Latino or Hispanic Asian, Pacific Islander
 Native American Other (please specify): _____
 Highest Level of Education Completed:
 Grade K through 5 Grade 6 through 8
 Grade 9 through 12 High School Diploma or GED
 Attended college Graduated junior college (2 year)
 Graduated college (4 year) Attended graduate school
 Place of Residence:
 Urban or suburban (population of 2,500 or more)
 Small town or rural (population of less than 2,500)
 ***Are you receiving or have you received assistance from Career Pathways? (Circle one) Yes No
 ***Are you receiving or have you received TEA benefits within the last 3 years? (Circle one) Yes No
 How did you hear about the CADC IDA Program? _____
 Do you have any special needs the CADC IDA Program staff should know about? _____

Household Information¹

How many adults (18yrs and older) currently live in participant's household: _____
 ***How many children (under 18yrs) currently live in participant's household: _____
 Applicant's marital status: Single (never married) Married Separated
 Divorced Widowed
 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.

***Specific Documentation is required, refer to Application Checklist for acceptable forms.
 If all or part of application is incomplete, the application will be returned.

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: _____

Income Information

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

| <u>Category</u> | <u>Last Month</u> | <u>Typical Month</u> | <u>Last Year</u> |
|---|-------------------|----------------------|------------------|
| Formal employment (wages) | \$ _____ | \$ _____ | \$ _____ |
| Self-employment (<i>selling things you make, doing laundry, sewing, childcare, etc.</i>) | \$ _____ | \$ _____ | \$ _____ |
| Government assistance (<i>TANF, Food Stamps, SSI, SSD, Social Security, Unemployment or Veterans' Benefits</i>) | \$ _____ | \$ _____ | \$ _____ |
| Pensions or retirement income | \$ _____ | \$ _____ | \$ _____ |
| Child support / alimony payments | \$ _____ | \$ _____ | \$ _____ |
| Friends or family | \$ _____ | \$ _____ | \$ _____ |
| Investment income | \$ _____ | \$ _____ | \$ _____ |
| TEA | \$ _____ | \$ _____ | \$ _____ |
| Other (please specify: _____) | \$ _____ | \$ _____ | \$ _____ |

Employment Information

Primary Employment Status (*choose one*):

- Employed more than full-time (*overtime or more than one job, for yourself or others*)
- Employed full-time (*for yourself or others*)
- Employed part-time (*for yourself or others*)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Employer: _____ Phone: (____) _____
Street: _____
City: _____ State: _____ Zip Code: _____

Assets & Liabilities

Assets

Outstanding

Do you own or are you currently purchasing: (Circle one) **Current \$ Value** **Loan amount**

| | | | |
|---|-----------|------------|------------|
| Vehicle (1) ***** Make: _____ Model: _____ | Yes No | | |
| Vehicle (2) Make: _____ Model: _____ | Yes No | | |
| Recreational Vehicles (ATV's, campers, boats, motor cycles, trailers etc) Anything accessed on personal property. | | | |
| Primary Residency(Market Value) ***** | Yes No | | |
| Business | Yes No | | |
| Land | Yes No | | |
| Rental Property | Yes No | | |
| Cash on Hand | Yes No | | |
| Savings Account | Yes No | | |
| Checking Account | Yes No | | |
| Retirement Plan, 401K, etc. | Yes No | | |
| Stocks, Bonds, CD's or other investments | Yes No | | |
| Credit Cards | Yes No | | |
| Dental Insurance | Yes No | ██████████ | ██████████ |
| Health Insurance | Yes No | ██████████ | ██████████ |
| Life Insurance | Yes No | ██████████ | ██████████ |
| For all adults in the home | Yes No | ██████████ | ██████████ |
| For all children in the home | Yes No | ██████████ | ██████████ |
| Totals | | | |

Who Can Participate in the Arkansas IDA Program?

To be eligible for participation, a household's income cannot exceed 185% of the Federal Poverty Level, and their net worth cannot exceed \$10,000, excluding one automobile and the family's primary residence.

2009 Poverty Guidelines Yearly Income Limits

Source: Federal Register, vol. 74, No. 15
January 23, 2009 pp. 4199-4200

| Persons in family | 100% Poverty Guidelines | 185% Poverty Guidelines |
|-------------------|-------------------------|-------------------------|
| 1 | \$10,830 | \$20,035.50 |
| 2 | \$14,570 | \$26,954.50 |
| 3 | \$18,310 | \$33,873.50 |
| 4 | \$22,050 | \$40,792.50 |
| 5 | \$25,790 | \$47,711.50 |
| 6 | \$29,530 | \$54,630.50 |
| 7 | \$33,270 | \$61,549.50 |
| 8 | \$37,010 | \$68,468.50 |

At 185%, for families with more than 8 persons, add \$6,919 for each additional person.

2009 Poverty Guidelines Monthly Income Limits

Source: Federal Register, vol. 74, No. 15
January 23, 2009 pp. 4199-4200

| Persons in family | 100% Poverty Guidelines | 185% Poverty Guidelines |
|-------------------|-------------------------|-------------------------|
| 1 | \$ 902.50 | \$1,669.63 |
| 2 | \$1,214.17 | \$2,246.21 |
| 3 | \$1,525.83 | \$2,822.79 |
| 4 | \$1,837.50 | \$3,399.38 |
| 5 | \$2,149.17 | \$3,975.96 |
| 6 | \$2,460.83 | \$4,552.54 |
| 7 | \$2,772.50 | \$5,129.13 |
| 8 | \$3,084.17 | \$5,705.71 |

At 185%, for families with more than 8 persons, add \$576.59 for each additional person.

| Liabilities | | | Amount Owed |
|--|-----|----|--------------------|
| Family or friends | Yes | No | |
| Past Due Household Bills | Yes | No | |
| Outstanding Student Loans | Yes | No | |
| Mortgages (other than primary residence) | Yes | No | |
| Home Equity Loans | Yes | No | |
| Bank Loans | Yes | No | |
| Car Loans | Yes | No | |
| Rent to Own Stores | Yes | No | |
| Cash Advance Store | Yes | No | |
| Outstanding Medical Bills | Yes | No | |
| Child Support Payments | Yes | No | |
| Real Estate Taxes | Yes | No | |
| Income Taxes | Yes | No | |
| Charged Prescriptions | Yes | No | |
| Credit Card #1 | Yes | No | |
| Credit Card #2 | Yes | No | |
| Credit Card #3 | Yes | No | |
| Totals | | | |

| Have you ever received: | Receiving | | |
|------------------------------------|---------------------------|-------------------|--------------|
| | Currently(list \$) | Ever(DATE) | Never |
| TANF/TEA | | | |
| Section 8 Housing | | | |
| Unemployment | | | |
| SSI Disability Payment | | | |
| Social Security | | | |
| Medicaid/ Medicare | | | |
| AR Kids | | | |
| Child Support | | | |
| Food Stamps | | | |
| WIC | | | |
| Childcare Assistance | | | |
| Pell Grant | | | |
| Career Pathways | | | |
| Alimony Income | | | |
| Utility Assistance Payments | | | |

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| Applicant Personal Statement |
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Please explain why you are interested in participating in the *CADC IDA Program*. Be sure to describe the asset you would be interested in purchasing with your IDA savings.

The Asset I want to Purchase with my savings and IDA Match Money is (you may change your selection after this application is completed based upon asset and grant approval-please contact staff).

Change of Asset Purchase (Goal) may not be approved if money and asset change not available.

- Post-Secondary Education
- Home Purchase
- Home Repair
- Small Business

Disclaimer

Central Arkansas Development Council seeks and receives support for its Individual Development Account (IDA) program from a variety of funding sources, both public and private.

Changes in funding regulations require revision(s) of CADC's IDA policies and procedures accordingly and should be expected by the IDA participant throughout the IDA program experience. Therefore, CADC IDA policies and procedures in effect when an IDA participant enters the IDA Program may not remain the same throughout the participant's IDA program experience.

Due to mandated requirements, those who are current/former recipients of TEA/TANF or those who are TEA/TANF eligible will receive IDA application approval priority. For those with an IDA goal of "Education" who are currently receiving Career Pathways (TEA/TANF funded) educational benefits must exhaust these benefits to receive IDA application approval priority.

Applicant Certification

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

Signature: _____ Date: _____

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 **CADC IDA Program**.

Signature: _____ Date: _____

Relationship to Participant: _____

For Office Use Only

Date received: _____ Application reviewed by: _____

- Application complete
- Interview scheduled: _____

Participant start date: _____

- Paper file established
 - Data entered in MIS
- Application Approved: _____