

**CADC IDA PROGRAM
POTENTIAL PARTICIPANT APPLICATION FORM**

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.

Income/Earned Income:

Children Under 18:

Grant: AFI/TANF:

Goal:

All sections must be completed and all questions answered before application will be reviewed for approval.

Name: _____ Social Sec. No.: ____ - ____ - ____

Street: _____ Apt # _____

Mailing Address: _____ + _____

City: _____ State: ____ Zip Code: _____

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

Gender: Female Male

Date of Birth: ____ / ____ / ____

Ethnicity: African American
 Latino or Hispanic
 Native American

Caucasian
 Asian, Pacific Islander
 Other (please specify: _____)

Highest Level of Education Completed:

- | | |
|---|--|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Grade 6 through 8 |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Graduated junior college (2 year) |
| <input type="checkbox"/> Graduated college (4 year) | <input type="checkbox"/> 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? _____

Were you referred to the IDA Program by another agency? If so, what agency? _____

Do you have any special needs the CADC IDA Program staff should know about? _____

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: _____

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? _____

Previous or Current IDA Account(s)

Do you currently have or have you ever had an Individual Development Account?
 Are you in the process of applying to open an Individual Development Account with another agency?

If you answered yes to any of these question please provide the following information:

Agency: _____

Contact
 Phone: _____

Contact
 Name: _____

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)

Answers Required in all three columns

<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 - Circle the ones that apply</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

Do you own or are you currently purchasing	Answers Required (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		
Total			
	Answers Required (Circle one)		
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		

**Department of Workforce Services Guidelines
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.

Liabilities:	Answers Required (Circle one)		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:	Currently Receiving (list \$)	Ever (DATE)	Never
Answers Required for Each Question			
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			

Applicant Personal Statement

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.

Applicant Asset Goal

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 are not available.

Check One

- 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: _____ FD Worker: _____

Application complete

Interview scheduled: _____ Application Reviewed By: _____

Participant start date: _____ Date: _____

Paper file established Application Approved By: _____

Data entered in MIS Date: _____