



Mesa Community Action Network

Individual Development Account (IDA) Application

Please note: all information requested on this application form will be kept confidential within Mesa Community Action Network's IDA Program, partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for program evaluation purposes.

Name: _____ Social Sec No: _____ - _____ - _____

Street: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

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

Date of IDA Program Enrollment Application: _____

Email address _____

Were you referred to the IDA program by another organization? YES NO
Referring source: _____

Asset Goal: Home Education Business

Gender: Female Male **Date of Birth:** ____/____/____

Ethnicity: African American Caucasian Latino or Hispanic
 Asian, Pacific Islander Native American Self identify: _____

Applicant's marital status: Single (never married) Married Divorced
 Separated Widowed

Highest Level of Education Completed: Grade K through 8 Grade 9 through 12
 HS Diploma or GED Some college Associate Degree BA/BS Degree
 Graduate or Higher

Primary Employment Status: (choose only one) Employed full time Employed part time
 Employed and in school or training Full time student Unemployed, seeking work
 Unemployed, not seeking work Retired Other _____

Household status of participant:

If you can answer “YES” to all the following questions about a group of people, those people are considered a household for AFI purposes and all income within the household will be used to determine eligibility.

Do you share a dwelling (home, apartment, etc...)?	YES	NO
Do you consider the dwelling your primary residence? (Do you live there all the time?)		
Are you planning on staying there for the time being?	YES	NO
Do you consider yourself, (or if you answered yes to the first question, yourself and those you share a dwelling with) a household unit that is separate from all others? (Do you identify as a household?)	YES	NO

Household status of participant:

How many employed adults (18 and older) currently live in participants household: _____

How many total adults (18 and older) currently live in participants household: _____

How many permanent children (under 18) currently live in participants household: _____

Monthly income **before** taxes of participant **household** by source (all employed).

\$ _____ Formal Employment

\$ _____ Self-employment

\$ _____ Government assistance (TANF, Food Stamps, SSI, Unemployment, etc.)

\$ _____ Pensions or retirement income

\$ _____ Child Support / Alimony

\$ _____ Friends / Family

\$ _____ Investment income

\$ _____ Rental Property income

\$ _____ Other (specify) _____

Additional Income Source(s):

Have you ever been a recipient of TANF or AFDC?	YES	NO
Are you presently a TANF recipient?	YES	NO
On your last tax return did you receive the federal EIC?	YES	NO
Do you currently receive SSI or SSDI?	YES	NO
Do you currently receive food stamps?	YES	NO

NET WORTH DETERMINATION

Assets and Liabilities: Circle Yes or No and provide amounts for all Yes responses.

Have you owned a home YES NO Value of home: \$ _____
 Within the last 3 years? 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 loan(s):	\$ _____
Do you own stocks, bonds, a 401k, or other investments?	YES	NO	Value of investments:	\$ _____
Do you have a checking account?	YES	NO	Amount in account:	\$ _____
Do you have a savings account?	YES	NO	Amount in account:	\$ _____
Do you own a vehicle?	YES	NO	Value of vehicle:	\$ _____
			Outstanding vehicle loan:	\$ _____
Do you have past due household bills?	YES	NO	Amount past due:	\$ _____
Do you have outstanding student loans?	YES	NO	Outstanding balance(s):	\$ _____
Do you have outstanding medical bills?	YES	NO	Outstanding balance(s):	\$ _____
Do you have outstanding personal loans?	YES	NO	Outstanding balance(s):	\$ _____
Do you have a balance on a credit card(s)?	YES	NO	Outstanding balance(s):	\$ _____
Does any member of your household have any other debt?	YES	NO	Outstanding balance(s):	\$ _____

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Signature: _____ Date: _____

For Office Use Only

Application reviewed by: _____ Date: _____

Application complete
 Participant eligible

Household
 Individual