



IDA Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the following documents to help us verify the information you put on your application:

- \_\_\_\_\_ Copy of your 2010 Income Tax Return
- \_\_\_\_\_ Copy of your most recent check stub
- \_\_\_\_\_ Calculate your net worth for the previous year (2010)  
(make appointment with lending staff)
- \_\_\_\_\_ Need to know what your monthly obligations are:
  - Food \$ \_\_\_\_\_
  - Rent \$ \_\_\_\_\_
  - Electricity \$ \_\_\_\_\_
  - Propane \$ \_\_\_\_\_
  - Car Payment 1 \$ \_\_\_\_\_
  - Car Payment 2 \$ \_\_\_\_\_
  - Credit Card Payment 1 \$ \_\_\_\_\_
  - Credit Card Payment 2 \$ \_\_\_\_\_
  - Other (phone, cable, internet, etc.) \$ \_\_\_\_\_
  - Total \$ \_\_\_\_\_

Thank you for your cooperation in this matter. Please let the staff know when you will have these documents or information available for us.



## Northwest Native Development Fund IDA Savings Program Potential Participant Application Form

*Please note: all information requested on this application form will be kept confidential within NNDF and NNDF IDA Savings 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: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnicity:  Native American  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          |

Are currently in College:

- Full-time  Part-time

Place of Residence:

- Urban or suburban (population of 2,500 or more)  
 Small town or rural (population of less than 2,500)

Do you have any special needs NNDF IDA Savings Program staff should know about?

\_\_\_\_\_  
\_\_\_\_\_

### Household Information<sup>1</sup>

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

<sup>1</sup> "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.

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

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

**Emergency Contact Information**

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

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ 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>Annual income</u>
Formal employment (wages)	\$_____	\$_____	\$_____
Self-employment ( <i>selling things you make, doing laundry, sewing, childcare, etc.</i> )	\$_____	\$_____	\$_____
Government assistance ( <i>TANF, SSI, Social Security, Unemployment or Veterans' Benefits</i> )	\$_____	\$_____	\$_____
Pensions or retirement income	\$_____	\$_____	\$_____
Child support / alimony payments	\$_____	\$_____	\$_____
Friends or family	\$_____	\$_____	\$_____
Investment income	\$_____	\$_____	\$_____
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*)
- Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip Code: \_\_\_\_\_

**Assets & Liabilities**

Assets and liabilities:

*(Circle one)*

Do you own a vehicle(s)?

*Yes No*

Do you have a checking account?

*Yes No*

Do you own a home?

*Yes No*

Do you have a savings account?

*Yes No*

Do you own a business?

*Yes No*

Have you ever used Direct Deposit?

*Yes No*

Did you qualify for Earned Income Tax Credit?

*Yes No*

Do you have current Debt? (car loan, credit cards, etc..)

*Yes No*

Amount of balance(s):\$\_\_\_\_\_

**Applicant Personal Statement**

Please explain why you are interested in participating in *NNDF IDA Savings Program*. Be sure to describe the asset you would be interested in purchasing with your IDA savings.

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How much do you think you could afford to save each month? \$\_\_\_\_\_

**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: \_\_\_\_\_

***For Office Use Only***

- Application complete eligible for program

Date received: \_\_\_\_\_ Application reviewed by: \_\_\_\_\_

- Executive Director's approval for participation in IDA program.

Date reviewed: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant start date: \_\_\_\_\_

- Paper file established
- Data entered in TEA

***Return completed application to:*** NNDF PO Box 148, Nespelem, WA 99155  
For questions, call at (509) 634-2626

## *I.D.A. Income Guideline*

300% of 2011 Federal Income Poverty Guidelines:

<b>2011 HHS Poverty Guidelines</b>			
<b>Persons in Family</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
6	29,990	37,500	34,490
7	33,810	42,280	38,880
8	37,630	47,060	43,270
For each additional person, add	3,820	4,780	4,390