



CDA Participant: _____

Date: _____

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

- _____ Copy of parents/guardian 2012 Income Tax Return
- _____ Calculate your net worth for the previous year (2012)
(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.



Lakota Tiwahe Child Development Account Savings Program
Potential Participant Application Form

Please note: all information requested on this application form will be kept confidential within Lakota Funds and Lakota Tiwahe CDA 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

Child's Name: _____ Soc. Sec. No.: ____ - ____ - _____

Mailing Address: _____ City: _____ St: ____ Zip Code: _____

School Currently Enrolled at: _____

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

Ethnicity: Native American Other (please specify: _____)

Parent/Guardians Name: _____

Mailing Address: _____ City: _____ St: ____ Zip Code: _____

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

Email: _____

Place of Residence:

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

Does your child have any special needs *Lakota Funds* staff should know about? _____

Parental Information¹

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

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

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.

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: _____

Parents 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

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):\$_____

Parents Personal Statement

Please explain why you are interested in your child participating in the *Child Development Account Savings Program*.

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

Applicant Certification

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 *Lakota Tiwahe Child Development Account Savings Program*.

Signature: _____ Date: _____

Relationship to Participant: _____