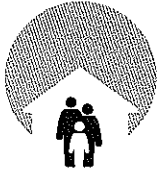


2008 IDA APPLICATION

This packet includes the following documents:

- Prospective Applicant Letter
- IDA Application Instructions
- IDA Application Documentation Checklist
- IDA Application
- IDA Financial Skills Assessment Form
- Credit Report and Score Information



Dear Prospective Applicant:

Thank you for your interest in opening an Individual Development Account (IDA) in Indiana's IDA Program. Please review the information below and contact your IDA Coordinator if you have any questions.

What are IDAs?

Individual Development Accounts are a special savings account for people with low to moderate incomes. IDAs are designed to assist individuals in achieving self-sufficiency by combining financial education with a matched savings account.

Why is my money matched?

Your money is matched to encourage and help you to save enough money to buy an asset, such as a house or business. These types of assets increase in value over time. While your paycheck helps you to buy food and clothing and pay your bills each month, an asset provides financial security for the future. If you begin to earn less money or lose your job, having an asset will make it easier for you to continue to pay your bills and meet household needs.

How do IDAs work?

An Individual Development Account is a special savings account that is opened in your name and the name of the administrating IDA organization at a local bank. The bank or credit union handles all transactions to and from the IDA, just as they do with other types of savings accounts. Each month, you are expected to make regular deposits into the IDA, and when you've met your savings goal for the year, the State of Indiana will match every \$1 that you've saved with at least \$3.

What can I use my IDA savings for?

You can use your combined IDA savings to:

- Buy or rehabilitate a home;
- Further your education or enroll in a job training program; or
- Start or expand a small business.

How long will I be able to save?

The savings period or program length will vary depending on your rate of savings. The savings period indicates the length of time during which your savings will be matched. Indiana's savings period is 2 to 4 years. While most IDA participants' tenure last four years, with recent passage of new legislation, participants may now opt to be active for the lesser of four years or until they reach the state program match cap (\$4,800).

What are the requirements?

To be a participant in Indiana's IDA Program, applicants must:

- Be a resident of the State of Indiana;
- Have earned income;
- Have household income which is below 175% of the federal poverty guidelines or receive Temporary Assistance for Needy Families (TANF);
- Be able to save \$35/month or \$400/year;
- Attend 8 hours of Financial Literacy Training; and
- Attend training and/or counseling session's specific to their chosen asset goal.

What are the tax implications of having an IDA?

Income tax has already been paid on the funds in savers' IDAs since deposits are made with after-tax income. Interest earned on the IDA is, according to Indiana Code 4-4-28-14, is not considered and is therefore not taxable in the year it is earned

How does IDAs affect eligibility for TANF or other Federal Programs?

State and Federal statutes prohibit any assets that accumulate in IDAs—including an individual's contributions, matching contributions, and interest—from being considered when determining eligibility or benefit levels in TANF or any federal program that considers assets or interest income.

Is an IDA right for me?

This is a question that you and your IDA Coordinator will be able to answer together. If you live in a low-income household and would like to own a home, further your education or start a small business, then opening an IDA could be the best way for you to reach your goal. But, if you are paying off a loan, have a lot of credit card debt, or are unable to save \$35/month, you may not be ready for an IDA at this time. Each person and situation is different, so take time to ask questions and learn as much as you can about IDAs.

What do I do next?

Complete and submit the enclosed IDA application with all the required documentation, then set up a time to meet with your IDA Coordinator.

IDA Application Instructions

IDA applicants must complete the attached forms, attach copies of all required documentation, and return the application to your IDA Coordinator for review and approval.

Applicants should be aware that IDA Program eligibility is based on the income of the applicant's **entire household**. Household members are defined as those who benefit from shared income and resources and contribute financially to each other's needs and expenses. This includes the applicant, their dependents and other household income contributors such as a spouse, partner, ex-spouse or ex-partner, parents, or other relatives.

The total number of people in a "household" is not always equal to the number of people living in the residence. Individuals may live in the same dwelling, but not share financial resources or benefit from each other's income. For example, two people living in a home as roommates, dividing costs of rent, utilities, and food, but who do not pool resources for savings or shared investments or assets, would not count each other in determining household size or income. In other cases, individuals who do not live together may support each other financially (such as a parent and college student who lives in a dorm) and therefore they are treated as a "household."

All applicants must attach the following documentation to their completed application form:

- Copy of the two most recent consecutive pay stubs for **all** wage earners in the household.
- Eligibility/award letters for any government assistance received in the current year.
- Copy of applicant's most recent federal tax return.
- Copy of applicant's driver's license or State issued ID.

Don't forget to sign and date your **fully completed** application. Incomplete applications will not be considered for approval.

If you have questions about these application procedures or the eligibility guidelines and program rules, please contact your IDA Coordinator.

Note: Income is only considered at the time of application. If you are accepted into the program and your income increases, this will not affect your eligibility to stay in the program. In fact, we encourage savers to look for ways to increase their earning power so that they can reach their savings goal sooner.

Instructions: You may mail or personally deliver your completed application to your local administering IDA Organization. However, before submitting your application packet, please make sure that you have included all of the required documents. Remember, your application will not be processed for consideration until all the required information is submitted. **Please make sure to place this sheet on top of the IDA application when submitting the packet to your administering IDA Organization.**

Name: _____ Date: _____

IDA Application Documentation Check List

- Completed IDA application
- Copy of two most recent consecutive pay stubs
(For all wage earners in household)
- Copy of most recent federal tax return
(Filed by the head of household)
- IDA Financial Skills Assessment Form
- Authorization for Release of Information
- Copy of Driver's License or State Issued ID
- Copy of eligibility/award letter(s) for government assistance programs

Return completed application to:

Housing Opportunities, Inc.
954 Eastport Centre Dr., Suite A
Valparaiso, IN 46383

Date: _____



Individual Development Account Participant Application

Applicants must provide all requested information and documentation in order to be considered for participation in Indiana's IDA Program. Indiana Housing and Community Development Authority (IHCDA) and its partnering administrating IDA Organizations will keep any information provided confidential. Please TYPE or PRINT legibly.

IDA Organization Name: _____

Applicant Information

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: ____ / ____ / ____ SSN or ITIN: ____ - ____ - ____

How did you hear about us? _____

Gender: Male Female

Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

Race/Ethnicity

- African American
- Asian/Pacific Islander
- Caucasian
- Latin/Hispanic
- Native American
- Other _____

Primary Language

- English
- French
- Spanish
- Other _____

Employment Status

- Full-time
- Part-time
- Self-Employed
- Unemployed
- Retired or Disabled
- Student – Part-time
- Student – Full-time

If currently a student, I'm in

- N/A
- High School
- College
- Training/Vocational
- Graduate
- Other _____

Location

- Major Urban Area
- Minor Urban Area
- Rural Area
- Remote

Education: Highest Level of Education Completed

- | | | |
|--|--|--|
| <input type="checkbox"/> K-5 | <input type="checkbox"/> Vocational/Technical Degree | <input type="checkbox"/> Graduate - Ph.D |
| <input type="checkbox"/> Grades 6-8 | <input type="checkbox"/> College – 2 yr. Degree | |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> College – 4 yr. degree | |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Graduate school – Master’s Degree | |

The following questions are for grant reporting purposes. The answer will not affect your IDA eligibility. Please answer accordingly and fill out completely.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an IDA account before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a relationship with this organization before learning about the IDA program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you referred to the IDA program by another Organization? If so, who? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a TANF recipient? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving TANF ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving food stamps? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving SSI or SSDI? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you live in Public Housing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you receive Section 8? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan to use direct deposit with your IDA? |

Do you own or rent? Own Rent

List **ALL** current household members below Total Household Size: _____

Name (First, Last)	SSN	Relationship	Date of Birth
--------------------	-----	--------------	---------------

How many adults (18 yrs and older) live in applicant's household? _____

How many children (under 18 yrs) currently live in applicant's household? _____

How many adults and/or children *do not* live with the applicant but should be considered part of the applicant's household unit? _____

Employment History

Current Employer: _____ **Position:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Length of time employed:** _____

Starting Salary: _____ Hourly Annually **Hours per Wk?** _____

Ending Salary: _____ Hourly Annually **Hours per Wk?** _____

Previous Employer: _____ **Position:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Length of time employed:** _____

Starting Salary: _____ Hourly Annually **Hours per Wk?** _____

Ending Salary: _____ Hourly Annually **Hours per Wk?** _____

Income Status – List current **MONTHLY** gross income for **ENTIRE** household.

Source	Applicant	Others*	Household Total	Documentation Source
Formal Employment	\$	\$	\$	
Self Employment	\$	\$	\$	
Government Assistance	\$	\$	\$	
Child Support	\$	\$	\$	
Pension/Retirement	\$	\$	\$	
Other _____	\$	\$	\$	
Total	\$	\$	\$	

* Include income sources for ALL individuals contributing to household expenses.

Do you own a vehicle? Yes No If yes, how many? _____

If no, what is your mode of transportation? Bus Taxi Walk Bike

Goal for the IDA Program: Purpose for which the IDA is established?

- | | |
|---|---|
| <input type="checkbox"/> Purchase primary residence for Participant | <input type="checkbox"/> Purchase primary residence for a dependent |
| <input type="checkbox"/> Further education for Participant | <input type="checkbox"/> Further education for a dependent |
| <input type="checkbox"/> Employment Training for Participant | <input type="checkbox"/> Employment training for a dependent |
| <input type="checkbox"/> Start a new business | <input type="checkbox"/> Rehabilitate/Repair primary residence |
| <input type="checkbox"/> Purchase all or part of a business | |
| <input type="checkbox"/> Expand an existing business | |

Savings Potential

Are you able to deposit \$35 per month? Yes No

If no, how much do you estimate you can save monthly? \$1-10 \$11-20 \$21-30

Media Requests: Occasionally IHEDA receives requests from reporters and other media representatives to interview IDA clients for news stories and other press regarding our savings program. Would you be willing to be placed on a list of possible interviewees?

Yes No

Emergency Contact

Please provide the name and contact information of a relative who would know how to contact you in the event that you move or an emergency.

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Alternate Contact

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

If you're accepted in Indiana's IDA Program, what is your availability to attend required classes, meetings or appointments, etc.?

Day Times _____ Evening Times _____ Saturday Times _____

I affirm, under the penalties of perjury, that the foregoing representations are true and complete, and that neither I nor anyone in my household has previously participated in Indiana's IDA Program.

Applicant Signature

Date

For Internal Use Only

Application Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Application Approved:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Waitlisted	
Date Approved:	_____	Date Contacted:	_____	
If Denied, reason why:	_____			