



Western Arizona Community Alliance – Pathways Out Of Poverty IDA Program

Please complete ALL forms in this IDA application packet. Many of the forms only require that you read and sign them. Please read each form carefully to ensure that you understand the program guidelines and requirements.

IDA Application Document Checklist

- Completed Application Forms
- Banking Survey
- Authorization for Release of Confidential Information
- Disclaimer and Waiver of Liability
- Copy: Photo ID
- Copy: Proof of Income
 - Most recent tax return OR last 3 pay stubs
- Copy: Proof of Residence
- Asset Information: Current bank statements, loan statements, etc.



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Individual Development Account Program Entrance Survey

Name: _____ Date: _____

What is the best way to contact you?

- Email: _____
- Phone: _____
- Postal address: _____

Which program do you intend to complete?

- Certificate in Early Childhood Education
- Associate's/Bachelor's Degree
- Homeownership
- Other: _____

Please rate your current understanding of personal finance.

Novice		Average						Expert	
1	2	3	4	5	6	7	8	9	10

I believe my overall ability to save money and maintain a savings account will improve as a result of this program.

Strongly Disagree			Neutral				Strongly Agree		
1	2	3	4	5	6	7	8	9	10

What could we explain better during the enrollment process? Circle all that apply.

Deposit Requirements	“Custodial Account” information	How to use IDA funds
What IDA funds can be used for	Financial Workshop information	Other

Additional comments:

Please share some of your reasons for enrolling in your chosen program.



Western Arizona Community Alliance

Individual Development Account Program Application

Please note: all information requested on this application form will be kept confidential within Western Arizona Community Alliance'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: _____ **SSN/TIN:** ____ - ____ - ____

Street: _____ **Unit:** _____

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

Primary Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____

Email Address: _____

Were you referred to the IDA program by another organization? Yes No

Referring Source: _____

IDA Asset Goal

Child Development Associate (CDA) Certification

College or University Attending: _____ Expected Graduation Date: _____

Associate's/Bachelor's Degree (Family Studies, Human Services, Early Child Care, or related field)

College or University Attending: _____ Expected Graduation Date: _____

Homeownership; Expected Purchase Date: _____

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

Ethnicity: African American Native American Caucasian Latino/Hispanic Asian/Pacific Islander Other/Unknown

Marital Status: Single (never married) Married Divorced Separated Widowed

Highest Level of Education Completed: Grade K - 5 Grade 6 - 8 Grade 9 - 11 HS Diploma/ GED
 Vocational School Diploma/Degree Some College Associate Degree BA/BS Degree Graduate Degree

Primary Employment: Unemployed Employed part time Employed full time
 Retired Other: _____ Full time student

Native Language: English Spanish **Citizenship Status:** US Citizen Other

Household status of applicant:

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 with anyone? Yes No

Do you consider yourself, and those you live with, a household unit that is separate from all others?

Yes No

Do you consider the dwelling your primary residence? Yes No

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

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

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

Monthly household income (before taxes) by source:

\$ _____ Formal Employment

\$ _____ Self-employment

\$ _____ Government assistance Food Stamps SSI Unemployment

\$ _____ Pensions or retirement income

\$ _____ Child Support / Alimony

\$ _____ Friends / Family

\$ _____ Investment income

\$ _____ Rental Property income

\$ _____ Other (specify) _____

Additional Income Source(s) – <i>Check all that apply.</i>	Currently Receiving	Has Ever Received	N/A
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal EITC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EITC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Net Worth:

Household Assets/ Liabilities excluded from Net Worth Calculation:

Primary Vehicle Value: _____

Primary Residence (if owned by applicant) Value: _____

HOUSEHOLD ASSETS	HOUSEHOLD LIABILITIES
Secondary Vehicle Value: _____	Primary Vehicle Balance Owed: _____
Secondary Residence Value: _____	Secondary Vehicle Balance Owed: _____
Checking Account(s) Balance: _____	Primary Residence Mortgage: _____
Savings Account(s) Balance: _____	Secondary Residence Mortgage: _____
Investment Balance(s): _____	Credit Card(s) Balance: _____
(ie., 401K, IRA, Stocks, Bonds)	(including store cards)
Personal Business Value: _____	Bills Owed: _____
Other Property/Real Estate Value(s): _____	(ie., electricity, gas, water, sewer)
Whole Life Policy Insurance Value: _____	Outstanding Medical/Dental Bills: _____
(Cash out value, not coverage amount)	Personal Loan Debt: _____
Other Assets: _____	(ie., Owed to family/friends)
	Student Loan Balance: _____
	Other Debts: _____
Total Value of Assets: \$ _____	Total Value of Liabilities: \$ _____

NET WORTH CALCULATION: Total Assets – Total Liabilities = \$ _____

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: ____/____/____



IDA Program Requirements

Asset Type	Education – priority to Early Childhood Certification Degree Homeownership
Savings Time	Minimum: 6 months; Maximum: 5 years (must make deposits from earned income every month)
Match Rate	3:1
Income	Earned income below 200% of Federal Poverty Level (see below)
Financial Education	Education – One 3-hour class, access to unlimited one-to-one counseling Homeownership – One 8-hour class, access to unlimited one-to-one counseling
Maximum Match	CDA: \$500 savings + \$1,500 match = \$2,000 total Associate's/Bachelor's: \$1,068 savings + \$3,200 match = \$4,268 total Homeownership: \$1,000 savings + \$3,000 match = \$4,000 total
Maximum Accounts per Family	2 participants per household (residing at same physical address)
Net Worth	Below \$10,000 (excluding primary residence and one vehicle)
Allowed Expenses	Tuition, fees, books and supplies from student store, closing costs, downpayment

2018 Income Qualifications

Family Size	1	2	3	4	5	6	7	8
Income	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760

For families with more than 8 persons add \$8,360 per additional person



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Banking Survey

1. Have you had a Checking Account prior to opening your Individual Development Account?
 Yes No

2. Have you had a Savings Account prior to opening your Individual Development Account?
 Yes No

3. Do you have an Individual Development Account with another program?
 Yes No

4. Do you have a credit card?
 Yes No

5. Have you had any of the following types of loans prior to your IDA?
 Auto Loan Student Loan
 Pay Day Loan Car/Auto Title Loan
 Personal/Signature Loan Mortgage Loan

6. Do you use Direct Deposit for your paychecks?
 Yes No

7. Do you or will you use Direct Deposit for your IDA account?
 Yes No



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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, THE UNDERSIGNED, understand that it may be necessary for **Western Arizona Community Alliance** and its authorized agents to obtain information from other agencies and entities in order to make me eligible for the services I have requested from **Western Arizona Community Alliance**.

Accordingly, I authorize and request any public, governmental, or private institution and its authorized agents, including but not limited to:

- Other Social Service Agencies
- Physicians
- Utility Companies
- Hospitals
- Employers
- Credit Bureaus
- Landlords & Their Agents
- Advocacy Agencies
- Military Personnel

to furnish to **Western Arizona Community Alliance** or its authorized agency any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit reports, all medical records, statement of charges or otherwise, or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I, THE UNDERSIGNED, also understand that it may be necessary for **Western Arizona Community Alliance** or its authorized agents to release information obtained from me or authorized sources to other assistance programs in order to obtain assistance through **Western Arizona Community Alliance** and the various assistance programs, which it administers.

In addition, I authorize **Western Arizona Community Alliance** to release information to A New Leaf Mesa Community Action Network (MesaCAN), the Department of Health and Human Services' evaluation team, or other local or national entity conducting research on IDAs.

Though I hereby waive any privilege I have to this information to **Western Arizona Community Alliance**, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A photo static copy, thermo fax copy, or other chemical reproduction of this authorization shall serve in its stead.

DATE: _____ SIGNATURE: _____



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DISCLAIMER and WAIVER of LIABILITY

Western Arizona Council of Governments (WACOG) provides financial literacy classes and information as a part of the asset-building programs under its 501(c)(3) affiliate, Western Arizona Community Alliance (WACA). One of the primary asset development programs is Individual Development Accounts (IDAs). IDAs provide matching funds for families and individuals committed to a specified rate of savings over a period of time. Thus, for example, if a family saved for one year and accumulated \$1,000, the IDA program would provide another \$3,000 in match funds for the purpose of post secondary education or homeownership.

The IDA programs require some training as a part of the program participation. Staff members of the respective organizations have received training on how to teach the training materials. Personal financial and investment decisions, however, are highly personal. Moreover, decisions about where to invest savings and how to manage credit require the same level of personal decision making and understanding. The agencies' staff members do not provide individual investment advice.

Accordingly, it is very important for you to understand your responsibility in weighing all of the information you receive from the classes and from staff members when you make any decisions about your savings, investments, and credit.

You are responsible for making all of the decisions about your finances. None of the agencies have or can take this responsibility. You are welcome and encouraged to seek out as much information from as many different sources as possible as you develop your savings and investment program.

As a result of this personal responsibility that you have for your own decisions, your signature below acknowledges that you have read and understood this information. Further, you recognize that the agencies have no liability to you for your own decisions and that you waive any claim for liability, contingent or actual, claim or indemnification for the investment decisions or any other financial decisions that you make in the IDA program.

I have read and understood or have had the foregoing explained to me to my satisfaction and hereby acknowledge my understanding of the contents herein.

IDA Participant

Dated: _____