



Application for Participation in the VIDA IDA Program or the Matched College Savings Program (MCSP)



In order for CASA of Oregon to consider your application please attach the following documents pertaining to the applicant and all members of the applicant's household. All fields must be filled in.

- Public Benefit Certifying Documents (if applicable)
Two months concurrent pay stubs
SSI or SSDI benefit letter, proof of unemployment benefits and/or proof of other income (if applicable)
Most recent tax return (including all schedules, if applicable)
Schedule C or current profit & loss statement for self employed income
Proof of Oregon residency (Oregon issued ID, utility bill, lease agreement)
Application fee
Savings Plan Agreement

Which IDA partner organization are you working with?

Applicant Full Name:

Mailing Address:

City: State: Zip Code: County:

SSN or ITIN: Primary Phone: Secondary Phone:

E-mail:

Which asset are you interested in saving for? (Please choose only one):

- First Time Home Purchase, Post Secondary Education, Establishing a Retirement Account, Small Business Start Up or Expansion, Home Repair, Funds Associated with Securing a Rental, Purchasing a Vehicle for Personal Use, Equipment, Technology or Specialized Training to Gain/Maintain Employment

Applicant Gender:

Male, Female, Decline to ID, Date of Birth:

Applicant Marital Status:

Single/Never Married, Married, Separated, Divorced, Widowed, Decline to ID

Applicant's race:

Asian/Pacific Islander, Black, Alaska Native/American Indian, Multiracial, White, Unknown, Decline to ID

Applicant's ethnicity:

Hispanic or Latino, Not Hispanic or Latino, Decline to ID

If you identify your race or ethnicity in a way not listed, please tell us:

Applicant's Country of Origin: Declined to Answer

Applicant's language for correspondence:

English, Spanish, Russian, French, Other:

Are you a farmworker?

Yes No Unknown/Declined to Answer

Are you a veteran?

Yes No Unknown/Declined to Answer

Were you in foster care while between the ages of 15-21?

Yes No Unknown/Declined to Answer

Do you have a disability?

Yes No Unknown/Declined to Answer

Applicant's Household's Housing Situation:

- Household is renting housing
- Household owns its home
- Sharing housing with family/friends/another household (due to loss of housing or economic hardship)
- Do not have stable housing situation right now
- Unknown/Declined to Answer

Other (please specify): _____

Are you a current TANF recipient?

Current TANF recipient Not a current TANF recipient Declined to ID

Have you received the federal Earned Income Tax Credit (EITC)?

Has claimed EITC Has never claimed EITC Declined to ID

Applicant's Education Completed:

- Grades K-5
- Grades 6-8
- Grades 9-11
- HS Diploma/GED
- Some College
- Vocational School Diploma/Degree
- AA degree/graduated two-year college
- Some graduate school
- BA/BS Degree/Graduated four-year college

Applicant's Employment status:

Full time (35+ hours per week) Part time/seasonally Declined to answer

Other (please specify): _____

Which financial institution would the applicant like to host the IDA?*

***Please refer to the approved list of financial institutions. Contact your IDA specialist for more information.**

Assets

Cash: _____ Savings Account (not an IDA): _____

Children's Savings/CDs: _____ Checking Account: _____

Please use the tax assessed value, a recent appraisal, or a fair estimate to determine the value of your home(s).

Value of Home or Condo 1: _____

Value of Home or Condo 2: _____

Please use Kelly Blue Book (www.kbb.com), NADA (www.nada.com) or a fair estimate for determining the value of your vehicle(s).

Value of Vehicle 1 (most valuable): _____

Value of Vehicle 2: _____

Value of Vehicle 3: _____

Value of Business Assets/Inventory: _____ Value of Business Account(s): _____

Retirement 401K or IRA accounts: _____ Stocks/Bonds (not retirement): _____

Certificates of Deposit: _____ Other Investments: _____

All Other Assets (\$1000 value or more): _____

What are they? _____ Total Value of All Assets: _____

Minus Value of Home 1, Car 1 and up to \$60,000 in retirement accounts:

Total Eligible Assets:

Debts

Please use the balance from your most recent mortgage statement(s). If there are multiple liens on the home, add them together.

Amount owed on Home or Condo 1: _____ Amount owed on Home or Condo 2: _____

Please use the balance from your most recent auto loan statement(s).

Amount owed on vehicle 1: _____ Amount owed on vehicle 2: _____

Amount owed on vehicle 3: _____ Amount owed on credit cards: _____

Amount owed on medical bills: _____ Amount owed on student loans: _____

Amount owed to friends/family: _____ Past due child support: _____

Unpaid income or property taxes: _____ Store credit debt: _____

Personal lines of credit: _____ Business debts: _____

All Other debts: _____

What are they? _____

Total Debts:

For Internal Use Only

Total Eligible Assets (Oregon):	<input type="text"/>
Minus Total Debts:	<input type="text"/>
Equals Total Eligible Net Worth (Oregon):	<input type="text"/>

Total Eligible Assets (AFI):	<input type="text"/>
Minus Total Debts:	<input type="text"/>
Equals Total Eligible Net Worth (AFI):	<input type="text"/>

Business Applicants Only

Self-employed: Full time (35+ hours per week) Part time/seasonally Declined to answer

Other (please specify): _____

Business gross sales, last calendar year: _____ Not sure

Business profits: _____ Not sure

Education Applicants Only

Parents' Highest Level of Education: Some high school High school Graduate/GED Some college
 Two-year degree College Graduate (4 year) Graduate degree

Which school do you plan to attend? _____

Will you be a first generation student? _____

Home Ownership Applicants Only

Federal housing assistance: Yes No Unknown/Declined to Answer

To Be Filled Out By All Applicants

Are you a homeowner? Yes No Declined

Are you a business owner? Yes No Declined

Are you a vehicle owner? Yes No Declined

Do you have a savings account? Yes No Declined

Do you have a checking account? Yes No Declined

Have you ever used a pre-paid card? Yes No Declined

Have you ever used direct deposit? Yes No Declined

Household Income Information

Applicant's Public Benefits Certifying Eligibility: None LIEAP Low Income Tax Credit (LITC) Properties Public Housing
 Section 8 SNAP TANF WIC

If the applicant qualifies for any of the Public Benefits listed above, no additional income information is needed. If not, attach 2 months of concurrent income documentation for all income earners in the household.

How many income earners are in the applicant's household? _____ People in the household? _____

Miscellaneous Questions

Are you currently enrolled in an IDA program? _____

Have you ever been enrolled in an IDA program? _____

Have you applied recently for an IDA with any other organization? _____

If yes, with which organization and when: _____

Are you an employee, family member of an employee/volunteer of an organization that currently offers IDAs? _____

If yes to the above question, please indicate which organization: _____

Financial Capabilities Questionnaire for Applicant

Do you currently have a personal budget, spending plan, or financial plan? Yes No

How confident are you in your ability to achieve a financial goal you set for yourself today? Not at all confident Somewhat confident Very confident

If you had an unexpected expense or someone in your family lost a job, got sick, or had another emergency, how confident are you that your family could come up with money to make ends meet within a month? Not at all confident Somewhat confident Very confident

Not including your IDA, do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)? Yes No

Over the past month, would you say your family's spending on living expenses was less than its total income? Yes No

In the last 2 months, have you been charged a late fee on a loan or bill? Yes No

How would you rate your current credit record? Very Bad Bad About average Good Very Good

Do you currently have at least one financial goal? Yes No

Certification

I understand that the information in this application will be kept confidential and will only be used for the purposes of applying to the VIDA or MCSP programs. I certify that the information provided and the statements made are true to the best of my knowledge. I understand that any false information provided will result in immediate removal from the program.

Applicant Signature

Date

Applicant's Parent/Guardian Signature (if under 18)

Date

IDA Specialist Use Only

I have reviewed and verified the applicant's Oregon residency and age. I affirm that this application is complete and all the following required documents will be included with this application packet:

- Income verification for all household members or Public Benefits Eligibility verification
- Proof of Oregon residency (state issued ID, school ID, or passport)
- Application fee paid
- Completed and signed Savings Plan Agreement

IDA Specialist Signature

IDA Specialist Name

Date

*All five pages of this application should be submitted with the application packet.