

Warm Springs Community IDA

Make Your Money Work Savings Plan

Application for Individual Development Account

Your Information

Date: _____

Why do we need your personal information? We need your personal information to verify you qualify for the program and to better serve you. All information is confidential unless you reveal child or elder abuse, or that you are going to harm yourself or someone else, in which case we are legally obligated to get you help.

Full Name (Print Clearly): _____

Email Address: _____

Home Phone #: _____ Cell#: _____ Work#: _____

Mailing Address: PO Box _____ Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ SSN (education savers only): _____

Gender Identity:

Female Male Other Decline to ID

Marital Status:

Single Married Separated Divorced Widowed Decline to ID

Ethnicity/Race:

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

Are you Hispanic?

Hispanic or Latino Not Hispanic or Latino Decline to ID

Do you identify as another race or ethnicity? Please specify. _____

Country of origin: _____ Preferred language: _____

Are you a Veteran?

Yes No Decline to ID

What best describes where you live?

Rent Own Living with family/friend No stable housing Other _____
Decline to ID

In foster care between ages 15-21?

Yes No Decline to ID

Do you identify as having a disability?

Yes No Decline to ID

Warm Springs Community IDA

Make Your Money Work Savings Plan

Highest Level of Education Completed:

- Grade K-5 Grade 6-8 Grade 9-11 High School Diploma/GED Some College
- Vocational school diploma/degree 2-year degree 4-year degree Some graduate school
- Graduate school Decline to ID

Employment Status:

- Employed full-time (35+ hours) Part-time or seasonal
- Unemployed Other _____ Decline to ID

- Are you a home owner? Are you a vehicle owner? Are you a business owner?
- Yes No Decline to ID Yes No Decline to ID Yes No Decline to ID

- Have you ever had a savings account? Have you ever had a checking account?
- Yes No Decline to ID Yes No Decline to ID

- Have you ever used a pre-paid card? Have you used direct deposit before?
- Yes No Decline to ID Yes No Decline to ID

Do you have a conflict of interest? (based on the definition below) Yes No

Definition: conflict of interest includes spouses/partners, children, parents, grandparents, grandchildren, and siblings of WSCAT staff or board members.

Note: This will not make you ineligible for the program.

BUSINESS SAVERS ONLY

On average, how much did you work on your business in the last 12 months?

- Full-time (35+ hours) Part-time or seasonal Other _____ Decline to ID

Approximate gross sales of the business last year _____

Approximate total income after expenses (profits) last year _____

EDUCATION SAVERS ONLY

Parents' highest level of education:

- Some high school High school graduate/ GED Some college 2-year degree
- 4-year degree Graduate degree

HOMEOWNERSHIP SAVERS ONLY

Do you receive federal housing assistance (Section 8, Public housing, etc.)?

- Yes No Unknown/decline to answer

Warm Springs Community IDA
Make Your Money Work Savings Plan

Assets and Liabilities

Eligibility for the IDA program is based on net worth (assets minus liabilities).

Fill out the table below with the value of each item you own/owe.

If we have questions, we may require additional documentation.

PLEASE DO NOT LEAVE BLANKS. IF SOMETHING DOES NOT PERTAIN TO YOU OR YOUR HOUSEHOLD, PLEASE PUT A ZERO IN THE BOX.

<u>ASSETS:</u> If you own the following, what is their value?			<u>LIABILITIES:</u> What do you owe?		
	You	Others in HH		You	Others in HH
Cash	\$	\$	Home Mortgage 1	\$	\$
CD	\$	\$	Home Mortgage 2	\$	\$
Savings Account	\$	\$	Vehicle Loan 1	\$	\$
Children's CD/Savings account	\$	\$	Vehicle Loan 2	\$	\$
Checking Account	\$	\$	Business Debts	\$	\$
Home 1	\$	\$	Money to Family/Friends	\$	\$
Home 2	\$	\$	Credit Card Debt	\$	\$
Vehicle 1	\$	\$	Student Loans	\$	\$
Vehicle 2	\$	\$	Medical Bills	\$	\$
Business Assets and Inventory	\$	\$	Store Credit	\$	\$
Business Bank Account	\$	\$	Personal Line of Credit	\$	\$
Retirement (401k/IRA)	\$	\$	Unpaid Income or Property Taxes	\$	\$
Stocks/ Bonds	\$	\$	PAST DUE Child Support	\$	\$
Other Investments	\$	\$	Tribal Credit (not for a home)	\$	\$
Other Assets	\$	\$	Other Debt	\$	\$
Total			Total		

Full Net Worth: _____	State IDA Eligible Net Worth: _____
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Warm Springs Community IDA
Make Your Money Work Savings Plan

Income

Are you/others in your household a recipient of any of the following services (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> LIEHP | <input type="checkbox"/> Food Stamps (SNAP) |
| <input type="checkbox"/> Low Income Tax Credit Properties (LITC) | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Section 8 | |

Can you provide verification of these services?

- Yes No Decline to ID

If yes, provide verification of these services with your completed application.

If no, provide 2 months' worth of income verification (see below).

Income is any money you (or anyone in your household over 18) bring into your household each year.

Income includes: wages (formal work), Social Security Disability (SSD), Supplemental Security Income (SSI), Net business income (or loss), Self-employment (e.g. selling beadwork), Farm income (or loss), Financial aid (if above the cost of school attendance), Cash income (w/o paycheck), Tips and gratuities, Gifts (if you receive them on a regular basis), Unemployment compensation, Child support (if receiving consistently), Alimony, Rental income (real estate), Per capita (if over \$2,400 per year), Dividends, Housing allowance, Taxable amount of pension and annuity income, IRA distributions, Military benefits, Trust income (if receiving consistently), Capital gain (or loss), Unions strike benefits, Work study, and Workers compensation.

What is your estimated yearly income? _____

What is the estimated yearly income for others in your household? _____

Income is used to determine eligibility in the IDA program. Please provide **2 months'** worth of income (such as pay stubs) with your completed application.

FOR STAFF ONLY

Total household size: _____

Total Yearly Income: _____

Program income limit for household of this size (FPG @200%): \$ _____

Net Worth: _____ Match Rate: 5:1 HHS Income Level: _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Household Information

IDAs use a special, non-tax definition for what a household is. If you can answer yes to all three of these questions below, the person is considered part of your household:

- Do you share a home, apartment, or other living space?
 - Do you consider the above home, apartment, or living space to be your primary residence?
 - Do you identify as a household?
 - Do you function as an economic unit?
-

Please list all members that are currently in your household (in many cases, this will be the same as who is included on your taxes):

Name	Date of Birth	Relationship	Head Start	Day Care

Total number of adults in household: _____

Total number of youth in household: _____

Name of Emergency Contact: _____
Phone: _____ Relationship: _____
Address: _____

In the event of an emergency, or my having funds in my account, but not responding to WSCAT, I give you permission to contact the above listed person. I understand that it will be revealed that I am a Make Your Money Work Savings Plan Participant.

Initials: _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Certification

The information, including income and net worth information, I have provided in this application is current, complete, and correct to the best of my knowledge. I understand that any intentional misrepresentation may result in my becoming ineligible to continue in the program.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____

Name of Parent/Guardian (if under 18): _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Application Status

Approved Waitlisted Not ready to save at this time Denied Not eligible

Staff Signature _____ Date _____

Note to Clients

When you bring in your application, please also provide (if applicable):

- ID
- 2 months' pay stubs
- Proof of public benefits
- Signed guidelines
- Credit report/score (you can meet with our financial counselor to get this)

Although not always required, we may ask for additional information, such as tax returns or proof of net worth, if we have questions.

If you are unable to attend financial education in person, complete it using this link and bring in proof of completion: <https://moneysmartcbi.fdic.gov/>
(this is not required before opening your account)

Warm Springs Community IDA
Make Your Money Work Savings Plan

Participation Agreement

This Letter of Agreement, between *Warm Springs Community Action Team* and IDA Program Participant listed at the bottom of this agreement (“the Participant”), details responsibilities of both parties in connection with the *Make Your Money Work Savings Plan* (“the Plan”).

Make Your Money Work Savings Plan Responsibilities

Warm Springs Community Action Team agrees:

- **Personal Finance and Money Management Workshops** - to present a six-part personal finance and money management workshop series for the Participant’s benefit.
- **Asset-specific and Group Support Meetings** – to coordinate asset-specific classes and monthly support meetings for participants.
- **Account Statements** - to provide the Participant with a timely and accurate monthly account statement, listing accumulated savings, earned matches and account activity.
- **Confidentiality** - to protect the Participant’s privacy by securing personal and financial records and keeping all such information confidential within *Warm Springs Community Action Team*.
- **Individual Assistance** - to create opportunities for the Participant to meet individually with Program and/or partner staff about financial, savings, and asset-goal-related matters.
- **Match Funds** - to match the Participant’s IDA savings, with a 5:1 savings match at the time he or she is ready, by mutual agreement of the Participant and Program staff, to purchase his or her chosen asset goal.

Participant Responsibilities

The Participant agrees:

- **IDA Opening** - to open an IDA savings account at *Columbia Bank* and make an initial deposit within *3 months* of being accepted into the program.
- **Monthly Deposits** - to deposit a minimum of \$25 every calendar month, unless otherwise stated in their savings plan agreement.
- **Personal Finance and Money Management Workshops** - to attend six personal finance and money management workshops, actively participate in all workshop discussions and exercises, and complete all homework activities.
- **Asset Specific Training** - to attend additional educational and training workshops appropriate to his or her selected asset goal, as determined by Program staff.
- **Confidentiality** - to respect the right to privacy of all Program participants by keeping confidential any personal or financial information divulged in the course of the Program.
- **Change of Address and Phone Number** - to provide Program staff with updated personal information in the event of a change of address, phone number, or emergency contact information.

Warm Springs Community IDA
Make Your Money Work Savings Plan

Mutual Understandings

Both parties understand and agree that:

- **Qualified withdrawals** - are only available for the Program's stated permissible uses, after completion of all Program preparatory requirements.
- **Emergency withdrawals** - are discouraged and only available to the Participant in accord with the Program's emergency withdrawal policy and procedure (for medical expenses, to avoid eviction, or following the loss of employment). Participants cannot make a matched withdrawal until funds have been redeposited.
- **Behavioral Expectations** – both parties agree to respect one another and the rules of the program and will strive to be compassionate, caring, and trustworthy. If there is a conflict, it will be handled through conversation. If a solution cannot be agreed upon or the client behaves in a way that is disrespectful three times, WSCAT has the ability to close the clients account. Clients will receive a verbal warning the first incidence, a written warning the second, and be exited if the issue continues. If clients have an issue with how the process was conducted, they will have the opportunity to contact the Oregon IDA Initiative to discuss further.
- **Participation requirements / terminations** - the Participants may be asked to leave the Program for missed monthly savings deposits, poor workshop attendance, unauthorized savings withdrawals, or for other violations of this agreement.
- **Account ownership** - Program savings accounts will be owned by the Participant; both parties will have access to all account activity information and neither party can withdraw funds without the other's written consent.

Certification

I have read and understand the contents of this agreement and I agree to meet my responsibilities under it.

Participant's Name (*please print*): _____

Participant's Signature: _____ Date: _____

Name of Parent/Guardian (if under 18): _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Warm Springs Community Action Team Staff (please print): _____

Staff's Signature: _____ Date: _____

Warm Springs Community IDA

Make Your Money Work Savings Plan

Savings Plan Agreement

This Agreement, between *Warm Springs Community Action Team* (WSCAT) and IDA program participant listed at the bottom of this agreement (“the Participant”), details responsibilities of both parties in connection with the *Make Your Money Work Savings Plan* (“MYMW”).

1. **IDA Participant Name:** _____

2. **Intended Asset Savings Goal:** I am participating in the MYMW Savings Plan in order to save toward a qualified asset, please indicate only one below.

Homeownership Describe the type of home your family needs (type of house, number of bedrooms, square feet, cost, etc.) _____

Small Business Start-up or Expansion Describe the business you would like to start or expand (product or service, market, competition, etc.) _____

Post-Secondary Education Describe the program you wish to enroll in (what school, type of degree or credential, number of courses, etc.) _____

Vehicle Describe the type of vehicle you would like to purchase (make, model, year, etc.) _____

Home Renovation Describe the type of renovation you are interested in making to your home (type of renovation, contractors, cost, etc.) _____

Assistive Technology Describe the type of assistive technology you would like to purchase. How will it help you function more efficiently/effectively in everyday life? _____

IDA with Debt Modification Certain IDA accounts will allow clients to pay off their student or medical debt. If this is something you are interested in, how will it help you purchase your asset? _____

3. **IDA savings to be utilized: How much do you plan to use for your IDA savings? (Note: most IDAs through WSCAT allow you to save \$1,200 and receive \$6,000) \$**_____

Additional Comments: _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Why are you interested in saving for this goal?

How will you set aside \$25 or more to save each month?

What do you think will be the greatest savings challenge for you?

Would anything keep you from attending meetings or workshops (childcare, transportation, work schedule, etc.)? _____

What is the best time for you to attend classes (weekends, evenings, etc.)? _____

My initials certify that I agree to use my accumulated IDA savings and match funds for the asset goal indicated on the form. I understand that if I wish to change asset goals, I must discuss the change with a member of *Making Your Money Work Savings Plan* staff and receive prior approval. I understand that WSCAT staff have the right to deny my change of asset request, as certain asset classes have specific program requirements. _____

4. Proposed Schedule of Savings Deposits to the IDA:

As an IDA client, you are required to deposit a minimum of \$25 into your account each month, unless otherwise stated here. To reach your maximum savings during the savings period, you will (in most cases) need to deposit \$100 per month. Please explain below what your savings plan is, including how long you plan to save, how much you will deposit each month, and when/how you will make the deposit. If you would like a reminder, please also include how you would like to be contacted.

I plan to save for _____ months.

I agree to deposit _____ each month.

I agree to make a deposit on (e.g. after I get paid, first of the month, etc.) _____

I would like to be contacted for deposit/appointment reminders by (check all that apply)

Phone Text Email

Circle payment deposit method: Self Payroll Deduction

Additional Explanation (if necessary): _____

Warm Springs Community IDA

Make Your Money Work Savings Plan

5. Program requirements for participation:

- a. Attend Financial Literacy Training sessions
- b. Attend asset specific education classes pertaining to the participant's savings goal
- c. Meet regularly with and IDA program staff member
- d. Meet with a staff member to get a credit report upon entry and exit into the program
- e. Business clients: turn in an approved business plan
- f. Notify staff of any changes to your personal information, such as phone number or email

6. IDA Account to be opened at:

Columbia Bank

624 SW Fourth St, Madras, OR 97741

Contact Person

Amanda Collver 541-923-8119

Bank Hours

Monday-Thursday 10:00-5:00 (drive-up)

Friday: 10:00-6:00

(Drive-up opens at 8:30 – Lobby opens at 10)

7. Account Structure: Warm Springs Community Action Team has worked with Columbia Bank to establish Individual Development Accounts in accordance with the requirements of the IDA Initiative. The IDA account will be governed by this understanding:

- ✓ Designate Warm Springs Community Action Team as the MYMW program administrator.
- ✓ Deposits into the account as agreed upon in your savings plan. Deposits can be made outside of bank hours using the drive-up window at Columbia Bank.
- ✓ Assets of the IDA account will be invested in the Savings Goal/Qualified Expense in accordance with the direction of the Participant after consultation with Project Staff.
- ✓ The assets of the IDA account will not be commingled with other property except that the program shall hold matching funds in a separate bank account.

8. IDA Account Withdrawal: Withdrawals of funds from the IDA account cannot be made for any purpose until 6 months after the date on which the Participant first deposits funds into the IDA account. The unauthorized withdrawal of any funds from their IDA account by the participant prior to 6 months from the date of the initial deposit shall constitute the Participant's withdrawal and termination of the client's participation in the IDA Program. All withdrawals from the IDA account require written authorization of both the Participant and WSCAT staff. Withdrawals are limited to one or more Qualified Expenses or for an Emergency Withdrawal.

Qualified Expenses: First-time home purchase, post-secondary education, business start-up or expansion, assistive technology purchase, vehicle purchase, or home renovation. At the time the Participant reaches their goals as agreed to in the Savings Plan Agreement.

Emergency Withdrawals: The IDA Participant and WSCAT staff work together to avoid the emergency withdrawal of funds. An emergency withdrawal may only be of those funds or a portion of those funds, deposited in the IDA account by the Participant for purposes such as

Warm Springs Community IDA

Make Your Money Work Savings Plan

medical care, payments necessary to prevent eviction, and to meet necessary living expenses. Emergency withdrawals cannot exceed 50% of the Participant's account balance at the time of withdrawal and must be redeposited before a matched withdrawal is made.

Funds withdrawn for purposes of an Emergency Withdrawal must be replaced as soon as possible and no later than 12 months after the date of the emergency withdrawal. Failure to replace withdrawn funds shall constitute the Participant's withdrawal from the IDA Program and the Participant will be ineligible to receive "matching funds" from the pooled parallel account.

Other Withdrawals – Voluntary Termination: Should the Participant decide to terminate their participation in the program, they must submit their request in writing to WSCAT. WSCAT will send this written request to Columbia Bank and terminate any financial statement requests. The Participant understands that once they terminate prior to the end of the savings period, they forfeit any match from the pooled parallel account.

9. Provision of Match for Qualifying Expenses: Warm Springs Community Action Team will provide match funds from the pooled parallel account only for the purpose of one of the qualifying expenses and payable to the vendor. Typically matching funds will not be paid directly to the Participant, except in cases that warrant direct pay. No matching funds will be provided for an emergency withdrawal.

10. Evaluation: The IDA participant agrees to assist in its evaluation by responding to periodic questionnaires sent by Warm Springs Community Action Team to measure changes due to this program. This information is confidential and name and personal information will be withheld from any reports on this information.

11. Termination from Program: The IDA Participant understands that if they fail to make two deposits in a row they will be contacted first by phone and then by mail. Failure to respond to these contact attempts will result in termination from the program. If the Participant does not respond to WSCAT contact attempts, the Participant will receive a formal letter of termination, which they have **30 days to APPEAL**. If the Participant chooses to respond, WSCAT will work with the participant to decide if continued participation is possible. In some cases missed deposit exceptions can be made; however, they are not guaranteed and can only be given if the Participant responds to contact attempts made by WSCAT.

12. Garnishments: WSCAT has no legal standing in garnishments. If garnishment is requested from your IDA account, we will have to comply. After the first incident, WSCAT will talk to the client. If garnishment occurs again and it is impeding the client's ability to save, WSCAT may require the client to exit the program. 30 days' notice will be given before account closure.

Warm Springs Community IDA

Make Your Money Work Savings Plan

13. Beneficiary Designation: In the event of my death, I designate the person listed below as my beneficiary to receive all the assets in my Individual Development Account (IDA) and I authorize the WSCAT Staff and Columbia Bank holding my IDA to initiate and complete a transfer of my IDA assets to the control of my beneficiary. I understand that my beneficiary can be entered into the program in my place upon IDA staff determining their eligibility.

Beneficiary Information	
Name: _____	
Address: _____	
Phone #: (____) _____ - _____	Relationship to Participant: _____

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to the WSCAT Staff of a change in my beneficiary designation.

14. Savings Plan Agreement Amendments: The IDA Participant may from time to time make proposed amendments to this agreement for consideration and possible approval by the IDA Program staff.

15. Grant Funded Program: The Participant understands that the IDA program is funded through grants (outside organizations who give WSCAT match money and other support). As a result the program terms and conditions may be modified at any time due to factors outside of WSCAT control.

16. Credit Counseling: The Participant understands that during the savings process they will receive credit counseling. They will be required to schedule a one-hour session with a credit counselor prior to opening their account. The Participant will be presented with options and will ultimately choose how they would like to address any credit concerns. Often with credit there is no right or wrong answer and there is no guarantee the Participant’s credit score will remain the same or increase.

Acknowledgement

I hereby acknowledge that I have read the entire content of the MYMW Savings Plan Agreement and that I agree to abide by and adhere to the provisions contained in the manual, and that I accept the scope and limitations of my rights as defined in the Policy & Procedure Manual.

X _____
Participant’s signature

Date

X _____
Parent/Guardian Signature (if under 18)

Date

X _____
MYMW Program Staff

Date

Warm Springs Community IDA
Make Your Money Work Savings Plan

Financial Capabilities Questionnaire

Thank you for taking the time to fill out this short questionnaire. This information is completely confidential and is used to help us improve our program.

Date: _____

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 the money to make ends meet within a month?
Not at all confident Somewhat confident Very confident

Not included 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

Total FCS Score _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Credit Report Authorization

I hereby authorize and instruct the Warm Springs Community Action Team (WSCAT) to obtain and review my credit report, a soft inquiry, which will not affect my credit score negatively. My credit report will be obtained from a credit reporting agency chosen by WSCAT. This information will not affect my eligibility for WSCAT's IDA Program or any other programs operated by WSCAT.

I understand that WSCAT provides this credit counseling service for the benefit of Warm Springs tribal and community members.

I also authorize WSCAT to use the credit report results, in summary format, for the purpose of evaluating its IDA Program.

Applicant's Name (Printed): _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Name (if under 18): _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Warm Springs Community IDA

Make Your Money Work Savings Plan

Privacy Disclosure

I understand that information on my credit report and any information I submit to WSCAT will be kept confidential. The information collected will only be used for credit counseling, action plan formulation, and reporting on goals accomplished by the Warm Springs Community Action Team. All information, both verbal and in writing, can only be used for official business and will never be shared with anyone who does not work for the Warm Springs Community Action Team.

Applicant's Name (Printed): _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Name (if under 18): _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Photo Release Form

I, _____, give authorization to the Warm Springs Community Action Team (WSCAT), to use my WSCAT-project related photo(s) in support of WSCAT programs and activities in support of Confederated Tribes of Warm Springs Tribal and community members. I authorize Warm Springs Community Action Team to use and publish any photos in print and/or electronically.

Signature

Date

For Minors – (Signature of guardian)

Date

Description of Photos: _____

Location: _____

Warm Springs Community IDA
Make Your Money Work Savings Plan

Program Evaluation Release Form

Participant Information

Name: _____

Applicant Certification

I understand that ***Make Your Money Work Savings Plan*** is a program sponsored by the Warm Springs Community Action Team and is being evaluated by Neighborhood Partnerships, the administrator of the Oregon IDA Initiative. The purpose of this evaluation is to study the effects of savings-based, asset development strategies.

I agree to participate in this demonstration and in all program activities affiliated with it. As part of my participation in the project, I agree to assist in the evaluation by sharing certain information (collected through surveys, interviews, and focus groups). I understand that all such information will be kept confidential.

I understand that the Warm Springs Community Action Team and Neighborhood Partnerships will never use my name in, or attach my name to, any report or written summary originating from information I have provided without my written consent.

I give permission to ***Make Your Money Work Savings Plan*** to submit personal and financial information, including information from the financial institution holding my IDA, to Neighborhood Partnerships staff for evaluation. I agree to provide all personal and financial information requested by WSCAT or Neighborhood Partnerships staff.

I understand that focus groups may include questions that ask about my spending patterns, my attitude toward savings and assets, and my attitude toward the IDA program itself, and I agree to provide this information. I further understand that interviews may include questions that ask about my background, how the IDA program works, my savings abilities, and the effects of the IDA program on me, my family, my neighborhood, and I agree to provide this information.

I understand that information I provide will be used to learn about and analyze savings behavior, and that this analysis may be printed in journals and other publications for funding agencies, policymakers, and the general public.

I understand that WSCAT and Neighborhood Partnerships will store all data in a locked file cabinet to which only authorized program staff and evaluators will have access.

I am participating in this IDA program of my own free will and I understand that I can drop out of the program at any time.

Signature: _____

Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Warm Springs Community Action Team
Box 1419, Warm Springs, OR 97761

Phone (541) 553-3148
Fax: (541) 553-1246

Warm Springs Community IDA
Make Your Money Work Savings Plan

Participant Financial Institution Release Form

Participant Information

Name: _____ Social Sec. No.: ____ - ____ - _____
Mailing Address: _____ Apt #: _____
City: _____ State: ____ Zip Code: _____
Financial institution holding IDA: Columbia Bank, 624 SW Fourth, Madras, OR 97741 IDA
savings account number: _____

Applicant Certification

I am a participant in ***Make Your Money Work Savings Plan*** and have opened, or will open, an Individual Development Account (IDA) savings account at the designated financial institutions listed above. I hereby authorize this designated financial institution to release any and all information about my IDA (account number listed above) to ***Make Your Money Work Savings Plan***.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____