

# Warm Springs Community IDA

## Make Your Money Work Savings Plan

### PART TWO

## Application for Individual Development Account (IDA)

### Intake Information

**Why do we need your personal information?** We need this information to comply with requirements for the IDA program and to better serve you. All information you provide will be kept confidential.

Name: \_\_\_\_\_

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

Were you in foster care between ages 15-21?

Yes  No  Decline to ID

Do you identify as having a disability?

Yes  No  Decline to ID

Have you ever had a savings account?

Yes  No  Decline to ID

Have you ever had a checking account?

Yes  No  Decline to ID

Have you been a victim of predatory lending?

Yes  No  Decline to ID

Have you ever used direct deposit?

Yes  No  Decline to ID

# Warm Springs Community IDA

## Make Your Money Work Savings Plan

What best describes where you live?

- Rent
- Own
- Living with family/friend (due to hardship)
- No stable housing
- Other \_\_\_\_\_
- Decline to ID

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

### **BUSINESS SAVERS ONLY**

On average, how much did you work on your business within 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 diploma/GED
- Some college
- 2-year degree
- 4-year degree
- Graduate school
- Decline to ID

### **HOMEOWNERSHIP SAVERS ONLY**

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

- Yes    No    Unknown/Decline to ID

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# 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 benefits.
- **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, when requested.
- **Confidentiality** – to protect the Participant’s privacy by securing personal and financial records and keeping all such information confidential within the *Warm Springs Community Action Team* and fund administrator(s).
- **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 personal finance and money management workshops, actively participate in all workshop discussions and exercise, and complete all homework activities.
- **Asset Specific Training** – to attend additional education and training workshops and counseling appropriate to their 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***

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**Mutual Understandings**

Both parties understand and agree that:

- **Qualified Withdrawals** – are only available for the Programs’ 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 match withdrawal until funds have been redeposited.
- **Matched Emergency Withdrawals** – may be available under certain circumstances, if approved by program staff. Additional program requirements may be needed to access this.
- **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 client’s 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 Signature: \_\_\_\_\_ 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.

Name: \_\_\_\_\_

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 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

Total FCS Score  
\_\_\_\_\_

# **Warm Springs Community IDA**

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## ***Make Your Money Work Savings Plan***

### ***Enrollment 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.

### ***Oregon IDA Initiative Privacy Statement and Terms of Use***

Neighborhood Partnerships is the non-profit administrator of the Oregon Individual Development Account (IDA) Initiative. We collect personal information to monitor that IDA programs are run according to State law. We also collect personal information to learn how the programs are working. This is important so that others might benefit from IDA programs. For savers who open an IDA, Neighborhood Partnerships collects the following information (“Personal Information”) that you give to your IDA provider:

- Name, address, date of birth
- Amount of income, assets, and debts
- The number of adults and children in your household
- Documents to verify your income and Oregon residency, such as copies of drivers licenses, pay stubs, benefits information, and bank statements
- Demographic information reported on your application including race, gender, veteran status
- Amount of your IDA deposits and withdrawals
- Information you provide in response to survey questions about your financial confidence and habits
- When applicable, information you provide on an exit survey about your IDA-related home purchase or business

Neighborhood Partnerships keeps your Personal Information for as long as necessary to fulfill the purpose(s) for which it was collected and to comply with applicable laws. Neighborhood Partnerships uses your Personal Information for these purposes even after you close your IDA. Neighborhood Partnerships takes commercially reasonable steps to help protect and secure Personal Information, including storing this information in a password-protected database and on password-protected computers, and educating employees on the importance of storing data securely. However, no information can be guaranteed to be 100% secure.

Neighborhood Partnerships publishes reports and other promotional materials on the outcomes of the program. We will not use your name or report your Personal Information in such a way that you could be identified. All published reports and materials are available at the Oregon IDA Initiative website located at [www.oregonidainitiative.org](http://www.oregonidainitiative.org), or upon request.

# Warm Springs Community IDA

## Make Your Money Work Savings Plan

Your IDA provider may collect other information related to other services they provide. Please refer to the policies of your IDA provider to understand how they store and use your information.

Neighborhood Partnerships shares your data with third party nonprofit organizations. This data is shared to help us report on the combined effectiveness of IDAs.

The Oregon IDA Initiative is a program of the state of Oregon. The State may have rights to access or disclose your data, within applicable laws. It may also use your data to promote the Oregon IDA Initiative, and to better understand how other state-funded programs benefit IDA savers. The State has policies around how they use and protect data.

Neighborhood Partnerships is committed to the responsible management, use and protection of Personal Information. As our needs for data and reporting change, this Privacy Statement and Terms of Use (the "Terms") may be updated at any time. A current copy of the Terms is available on the Oregon IDA Initiative website at: [www.oregonidainitiative.org/privacy](http://www.oregonidainitiative.org/privacy). We will not, however, use your Personal Information in a manner materially different than what was stated in this policy unless we receive your consent.

I/we have read and understand the Terms stated above, and understand that accepting them is necessary to participation in the IDA Initiative matched savings program:

### Matched Withdrawal Agreement

I agree that when completing my matched withdrawal, all the information provided on the withdrawal request form will be accurate and complete to the best of my knowledge. The Oregon IDA Match funds I am requesting will be used as stated in my request. I understand that any intentional misrepresentation or spending for other purposes may result in my becoming ineligible to continue in the program or access the IDA resources in the future. In addition, I understand that it may take up to ten business days to fill my qualified withdrawal request and cut a vendor check.

Applicant Signature\*: \_\_\_\_\_

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Parent/Guardian Signature (if under 18) \*: \_\_\_\_\_

Applicant's Parent/Guardian Name (print) (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

\*cannot be e-signed

# Warm Springs Community IDA

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## Make Your Money Work Savings Plan

### Savings Plan Agreement

The 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 towards a qualified asset, please indicate only one below.

- |   |   |
|---|---|
| <input type="checkbox"/> Homeownership                        | <input type="checkbox"/> Home Renovation      |
| <input type="checkbox"/> Small Business Start-up or Expansion | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Post-secondary education             | <input type="checkbox"/> Rental               |
| <input type="checkbox"/> Vehicle                              |   |

Describe the asset you would like to purchase?

How will it help you become more financially secure?

**IDA with Debt Modification:** Certain IDA accounts allow clients to pay off their student or medical debt using part of their matching funds. Are you interested in this option? Yes No  
If this is something you are interested in, how will it help you purchase the asset you checked above? (Note: you must also be saving for another asset).

**Matched Emergency Withdrawal:** You may use a portion of your savings and match to cover personal financial emergencies while continuing to save for your original asset goal. The amount is limited and will be taken from the total match allocated to you, leaving less available for your asset purchase. If an emergency arises during your savings period, reach out to program staff for further information, if this is something you are considering. If using this option, you will be required to meet with a financial counselor to develop a budget.



# Warm Springs Community IDA

## Make Your Money Work Savings Plan

3. *IDA savings to be utilized:*

**How much do you plan to use for your IDA savings?** Include your deposits and matching funds. Note: most IDAs through WSCAT allow you to save \$1,200 and receive \$6,000) \$ \_\_\_\_\_

**Additional Comments:**

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 my 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. Initials: \_\_\_\_\_

# Warm Springs Community IDA

## Make Your Money Work Savings Plan

### 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 reminder by (check all that apply)

Phone       Text       Email

Circle payment deposit method:  Self     Payroll Deduction     Other \_\_\_\_\_

Additional explanation (if necessary): \_\_\_\_\_

### 5. *Program requirements for participation:*

- a. Attend Financial Literacy Training sessions
- b. Attend Asset Specific Education classes and counseling pertaining to the participant's savings goal
- c. Meet regularly with an 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

Contact Person

Amanda Collver 541-923-8119

Bank Hours

Monday-Thursday 10:00-5:00

Friday 10:00-6:00

Drive-up opens at 8:30

## Warm Springs Community IDA

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### *Make Your Money Work Savings Plan*

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, through Payroll deductions, or (in some cases) through account transfers over the phone.
  - ✓ 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 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 Expense or for an Emergency Withdrawal.

Qualified Expenses: First- time home purchase, post-secondary education, business start-up or expansion, assistive technology purchase, vehicle purchase, home renovation, rental, or debt modification. 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. Any 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 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 purposed 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.

## Warm Springs Community IDA

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### *Make Your Money Work Savings Plan*

Matched Emergency Withdrawals: In some cases, you may use a portion of your savings and match to cover personal financial emergencies while continuing to save for your original asset goal. The amount is limited and will be taken from the total match allocated to you, leaving less available for your asset purchase.

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 rare cases that warrant direct pay.
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 may 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's 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.
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.

**Warm Springs Community IDA**  
**Make Your Money Work Savings Plan**

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<b>Beneficiary Information</b>
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 if/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 Signature	_____ Date

# Warm Springs Community IDA

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## 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 from 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 my 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: \_\_\_\_\_

### 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, bot 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 or our funding agencies, if necessary.

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**

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**Photo Release Form (Optional)**

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

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

Description of photos: \_\_\_\_\_

Location: \_\_\_\_\_

**Warm Springs Community IDA**  
**Make Your Money Work Savings Plan**

**Participant Financial Institution Release Form**

**Participant Information**

Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial institution holding IDA: Columbia Bank, 624 SW Fourth St, Madras, OR 97761

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 institution 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): \_\_\_\_\_