

Warm Springs Community IDA Make Your Money Work Savings Plan

PART ONE

Application for Individual Development Account (IDA)

IDAs are matched savings accounts that enable people to accumulate savings and purchase assets. In order to be eligible for the Warm Springs Community Action Team (WSCAT) IDA Savings Plan, you must:

- Be at least 12 years of age
- Live, work, or have an address on the Warm Springs Indian Reservation
- Be able to attend and complete WSCAT's financial education courses
- Be able to complete WSCAT's asset specific education course, for your asset
- Meet with a WSCAT Financial Counselor at least once to go over your goals

Thank you for your interest in opening an Individual Development Account (IDA). Please fill out this application so that we can determine whether you are eligible for an IDA.

Your Information

Why do we need your personal information? We need your personal information to verify that you qualify for the program and to better serve you. All information collected will be kept confidential.

Full Name (Print Clearly): _____ Today's Date: _____
 Preferred Name (optional): _____ Date of Birth: _____
 Email: _____ Credit Score: _____
 Primary Phone #: _____ Is this a: Cell Home Work
 Secondary Phone #: _____ Is this a: Cell Home Work
 Tertiary Phone #: _____ Is this a: Cell Home Work
 Mailing Address (PO Box): _____ Oregon County: _____
 Physical Address (if different): _____
 City: _____ State: _____ Zip Code: _____

Emergency Contact

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 Warm Springs Community IDA Participant. Initials: _____

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Household Information

For IDA eligibility purposes, a household is someone who lives together and shares income and expenses, including parents/elders, children, and other dependents. This might differ from who is included on your tax return. List all the household members, including yourself. Consider:

- Do you share a home, apartment, or other living space?
- Do you consider the home, apartment, or living space to be your primary residence?
- Do you consider yourselves a household unit that is separate from all others?
- Do you function as an economic unit?

If you answered yes to all four questions, list that person below.

Name of Person in Household	Date of Birth	Relationship to you	Has income? (If yes, make sure it is included in the <i>Income</i> section of this application)	Has assets, or liabilities? (If yes, make sure they are listed in the <i>Assets and Liabilities</i> section of this application)

Total number of adults in household: _____

Total number of youth (under 18) in household: _____

Conflict of Interest

Are you, or anyone in your family, an employee or member of the board of directors of WSCAT? No Yes

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

If yes, please write the name of the employee or board member? _____

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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 (and anyone over 18 in your household) own/owe.

If you answer YES to any of the questions, there should be a value entered.

If we have any questions, we may require additional documentation.

HOUSEHOLD ASSETS: Value of what you or your household own (HH = household)		
Amount your household has in cash, checking accounts & savings accounts, Certificate of Deposits (CDs) & money market accounts. Do not include: ABLE accounts and 529 college savings accounts.		
VALUE:	You	Others in HH
Do you or other household members have cash? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$
Do you or other household members have a savings account(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$
Do you or other household members have a checking account(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$
Home: A house or condo that anyone in your household owns, listing your primary residence first. Use www.zillow.com as a reference tool to estimate market value.		
Do you or other household members own a home? <input type="checkbox"/> No <input type="checkbox"/> Yes	You	Others in HH
Home 1	\$	\$
Home 2	\$	\$
Vehicles: Vehicles that anyone in your household owns paid in full or with a loan. List the most valuable vehicle first. Use www.kbb.com as a reference tool to estimate value of vehicles.		
Do you or others in your household own a vehicle? (List the value of all vehicles) <input type="checkbox"/> No <input type="checkbox"/> Yes	You	Others in HH
Vehicle 1	\$	\$
Vehicle 2	\$	\$
Vehicle 3+	\$	\$
Retirement accounts: Include 401(k), IRA, 403(b), ESOP and pensions like PERS if they carry a balance.		
Do you or others in your household have any retirement accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes	You	Others in HH
	\$	\$
Other investments: Include any investments including trust funds, stocks, bonds, etc.		
Do you or others in your household have any other investments? <input type="checkbox"/> No <input type="checkbox"/> Yes	You	Others in HH
	\$	\$
Sum of all other assets that have a market value of more than \$500, not including household goods.		
Do you or others in your household have any other assets?	You	Others in HH
	\$	\$
TOTAL	\$	\$

Initial here if you do not have any assets: _____

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Full Asset Value: _____ State IDA Eligible Asset Value: _____

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HOUSEHOLD LIABILITIES/DEBTS: Total balance (not monthly payment) owed for each item you or your household have (HH = household)		
Homeowner debts: Total owed on the mortgage or loan for a condo or house in the same order as listed under assets.		
VALUE:	You	Others in HH
Do you or others in your household have a mortgage? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Mortgage 1	\$	\$
Mortgage 2	\$	\$
Vehicle debts: Total loan balances on vehicles owned in the same order as listed under assets.		
Do you or others in your household have any vehicle loans? <input type="checkbox"/> No <input type="checkbox"/> Yes	You	Others in HH
Vehicle Loan 1	\$	\$
Vehicle Loan 2	\$	\$
Vehicle Loan 3+	\$	\$
Credit Card debt: The cumulative balance on all credit cards.		
Do you or others in your household have any credit card debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	You \$	Others in HH \$
Medical debt: Total balance of all medical debts owed.		
Do you or others in your household have any medical debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	You \$	Others in HH \$
Student Loans: Total balance of all student loan debt, regardless of the monthly payment.		
Do you or others in your household have any student loans? <input type="checkbox"/> No <input type="checkbox"/> Yes	You \$	Others in HH \$
Total unpaid or overdue: <i>Note: If court ordered, these can be subject to garnishment from an IDA account.</i>		
Do you or others in your household have any PAST DUE Child Support? <input type="checkbox"/> No <input type="checkbox"/> Yes	You \$	Others in HH \$
Do you or others in your household have any unpaid taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	You \$	Others in HH \$
Sum of other debts including tribal credit , money owed to family or friends, store credit, personal line of credit, payday loans, overdrawn checking, etc.		
Do you or others in your household have any other assets? _____	You \$	Others in HH \$
TOTAL	\$	\$

Initial here if you do not have any liabilities: _____

STAFF USE ONLY

Full Liability Value: _____	State IDA Eligible Liability Value: _____
Full Net Worth: _____	State IDA Eligible Net Worth: _____
Net worth eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Benefits

Do you or anyone in your household utilize any of the following benefits? (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Low Income Home Energy Assistance Program
<input type="checkbox"/> Low Income Tax Credit Property resident
<input type="checkbox"/> Public Housing resident
<input type="checkbox"/> Refugee Cash Assistance
<input type="checkbox"/> Section 8
<input type="checkbox"/> SNAP (Supplemental Nutrition Assistance) | <input type="checkbox"/> SSI (Supplemental Security Income)
<i>Qualifies ONLY if you are a household of 1</i>
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)
<input type="checkbox"/> WIC (Women, Infants, and Children Supplemental Nutrition) |
|---|--|

If you have documentation that was issued within the last 12 months: Provide a copy along with your application and estimate your income below.

Income

Employment Status:

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time (35+ hours)
<input type="checkbox"/> Part-time or seasonal
<input type="checkbox"/> Unemployed | <input type="checkbox"/> Other _____
<input type="checkbox"/> Decline to ID |
|---|--|

Income eligibility for an IDA is based off **total gross income of all adults in your household**, including yourself.

Ask your IDA Provider if you have any questions about what sources of income should be included or can be excluded for IDA eligibility.

What is your estimated yearly income?	\$
What is the estimated yearly income for others in your household?	
Person #1	\$
Person #2	\$
Person #3+	\$

Please provide copies of income documentation (paystubs, etc.) **covering at least 4 consecutive weeks** of recent income. Income eligibility will be determined by Warm Springs IDA staff based on that documentation.

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Intended Asset Savings Goal

Select **one** of the options below. You may select two if you would like to use part of your IDA for Debt Repayment.

Homeownership
Small Business Start-up or Expansion
Post-secondary Education
Vehicle

Home Renovation
Assistive Technology
Rental
Debt Repayment

Do you currently have an IDA open at another organization? No Yes

Certification

The information, including my 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: _____

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Supporting Documents To be turned in with this application

- Oregon ID for applicant (if no Oregon ID or driver's license is available, provide proof of Oregon residency)
- Public Benefits Letter issued within the last 12 months (if applicable)
- Paystubs or other income documentation for all household members including:
 - At least 4 consecutive weeks of recent income documentation for each job (if paid twice per month, provide 2 consecutive pay stubs)
 - Documentation of self-employment income (Profit and Loss Statement or Schedule C)
 - Letter from your employer, a copy of most recent tax return, or written and signed statements detailing at least 4 weeks of recent income.

If eligible, you will need to complete Parts 2 A, 2 B, and 3 of the application before opening your account. You *may* also be asked for additional information, such as tax returns or proof of net worth, if questions arise.

Application Status

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

Staff Signature: _____ Date: _____