

Warm Springs Community IDA Make Your Money Work Savings Plan

PART TWO A Application for Individual Development Account (IDA)

The information in this Part Two A can be filled out electronically. If you prefer to use that method, please reach out and we will send you the information.

Intake Information

We ask all clients the following questions about language, race, disability, gender, and other lived experiences. IDA providers use this information to improve services in our communities and understand who is able to access IDAs. Your answers do not affect your eligibility and are confidential. Your individual answers are not shared with local, state, or federal government. For this form in other languages, please contact your IDA coordinator.

Name: _____ Date: _____

Language

1.1 What language(s) do you use at home?

(Select ALL that apply, and/or write a response.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- American Sign Language
- Other language(s) – please list

ALL: _____

1.3 What language would you prefer for **reading** IDA documents, forms, or materials? (Select ONE.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- Other language – please list

ONE: _____

1.2 What language would you prefer for **speaking** with IDA staff? (Select ONE.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- American Sign Language
- Other language – please list

ONE: _____

1.4 If you use a language other than

English: How well do you speak English?

- Very well
- Well
- Not well
- Not at all
- Don't know
- Don't want to answer
- Not applicable, because English is my primary language

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Race & Ethnicity

2.1 How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

2.2 Which of the following describes your racial or ethnic identity? (Select ALL that apply.)

Hispanic and Latino/a/x:

- Central America
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

American Indian and Alaska Native:

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central, or South American

Middle Eastern/North African:

- Middle Eastern (Includes: Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen. Afghanistan is considered Middle Eastern by some.)
- North African (Includes: Algeria, Libya, Egypt, Morocco, Tunisia)

Asian:

- Asian Indian (Includes: Asian Indian, Bengali, East Indian, Punjabi)
- Cambodian
- Chinese

- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian (Includes: Bangladeshi, Bhutanese, Maldivian, Nepali, Pakistani, Sri Lankan. Afghan is considered South Asian by some.)
- Vietnamese
- Other Asian

White:

- Eastern European (Includes: Albania, Armenia, Azerbaijan, Estonia, Georgia, Hungary, Latvia, Lithuania, Moldova, Romania. Afghanistan is considered Eastern European by some.)
- Slavic (Includes: Bosnia and Herzegovina, Bulgaria, Belarus, Czech Republic, Croatia, Macedonia, Montenegro, Poland, Russia, Serbia, Slovakia, Slovenia, Ukraine)
- Western European (Includes: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom)
- Other White

Other:

- Other – please list ALL:

- Don't know
- Don't want to answer

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Functional Difficulties

3.1 Are you **deaf** or do you have **serious difficulty hearing**?

- Yes
- No
- Don't know
- Don't want to answer

3.2 Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- Yes
- No
- Don't know
- Don't want to answer

3.3 Do you have **serious difficulty walking or climbing stairs**?

- Yes
- No
- Don't know
- Don't want to answer

3.4 Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions**?

- Yes
- No
- Don't know
- Don't want to answer

Gender

4. What is your gender? (Select ALL that apply.)

- Man Woman Non-binary Two-spirit Prefer not to say Prefer to write in: _____

Other Lived Experiences

5.1 If currently under age 26: Have you been in **foster care**?

- Yes
- No
- Decline to answer (or unknown)
- Not applicable, because I am age 26 or older

5.2 All clients: Have you served in the **military**?

- Yes
- No
- Decline to answer (or unknown)

5.3 All clients: What is the highest **level of education** you have completed?

- Some K-12 School
- High School Diploma/GED
- Vocational School Diploma/Degree
- Some College (no degree)
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Decline to answer (or unknown)

5.4 If enrolling in an Education IDA: Do you have a parent who **attended** or **graduated** from a four-year college or university?

- No
- A parent attended (but did not graduate)
- A parent graduated (with a Bachelor's degree)
- Decline to answer (or unknown)
- Not applicable, because I am not enrolling in an Education IDA

5.5 If enrolling in a Home Purchase IDA: Do you currently live in **public housing**, or receive **housing assistance like Section 8**?

- Yes
- No
- Decline to answer (or unknown)
- Not applicable, because I am not enrolling in a Home Purchase IDA

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Financial Experiences Survey

We ask all clients the following questions at the beginning and end of their time in the program. Your answers **do not** affect the IDA dollars you receive. IDA providers use this information to bring resources to our communities and will benefit from your ability to answer as honestly as possible.

Name: _____ Date: _____

6.1 Do you currently have a personal budget, spending plan, or financial plan?

- Yes
- No

6.2 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

6.3 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

6.4 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

6.5 Over the past month, would you say your family's spending on living expenses was less than its total income?

- Yes
- No

6.6 In the last 2 months, have you been charged a late fee on a loan or bill?

- Yes
- No

6.7 How would you rate your current credit record?

- Very bad
- Bad
- About average
- Good
- Very good

6.8 Do you currently have at least one financial goal?

- Yes
- No

Total FCS Score

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Financial Business or Microenterprise IDAs

We ask all Business or Microenterprise IDA clients to complete the following questions at the beginning and end of their time in the program. IDA providers use this information to improve business services in our communities.

7.1 If you are self-employed: On average, did you work on your business full-time, part-time, or seasonally in the last 12 months?

- Full time (35 or more hours per week)
- Part time/seasonally
- Other – please specify: _____
- Decline to answer

7.2 Estimated Total Sales: About how much did your business earn in gross sales or income last calendar year, before paying all expenses? _____

7.3 Estimated Total Profit: About how much profit did your business earn last calendar year? (Total income after paying all expenses. Expenses do not include income you paid yourself.)

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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 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 is 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, or upon request.

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.

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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 benefits 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, the 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. We will not, however, use your Personal Information in a manger 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 this is necessary to participate 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.

I/we have read and understand the Enrollment Information, the Oregon IDA Initiative Privacy Statement and Terms of Use, and the Matched Withdrawal Agreement and understand that accepting them is necessary for participation in the IDA Initiative matched savings program.

Applicant Signature:* _____

Applicant Name (print): _____ Date: _____

Applicant’s Parent/Guardian Signature (if under 18):* _____

Applicant’s Parent/Guardian Name (print) (if under 18): _____

***Note: this page cannot be signed electronically. Please reach out if you need other signing options.**