

Crawford-Sebastian Community Development Council
Homeownership & Asset Development Center
IDA Program

AFI

Potential Participant Application Form

Please note: all information requested on this application form will be kept confidential within Sponsoring Organization and IDA Program partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: _____ Social Sec. No.: ____ - ____ - _____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Pager: (____) _____

E-mail: _____

Gender: Female Male

Date of Birth: ____ / ____ / ____

Highest Level of Education Completed:

- | | |
|---|--|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Grade 6 through 8 |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Graduated junior college (2 year) |
| <input type="checkbox"/> Graduated college (4 year) | <input type="checkbox"/> Attended graduate school |

Place of Residence:

- Urban or suburban (population of 2,500 or more)
 Small town or rural (population of less than 2,500)

How did you hear about *IDA Program Name*? _____

Return complete applications to: C-SCDC, PO Box 4069, Fort Smith AR 72914
For questions, call 479-784-9298

Household Information¹

How many adults (18yrs and older) currently live in participant's household: _____

How many children (under 18yrs) currently live in participant's household: _____

Applicant's marital status: Single (never married) Married Separated
 Divorced Widowed

What is the primary language spoken in your household? _____ If it is not English, is English also spoken? _____

Have you owned a home in the last three years? Yes No

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____) _____

Street: _____ City: _____ State: ____ Zip Code: _____

Relationship: _____

Income Information

Provide gross adjusted income on tax return:

Tax Return Year: _____

Amount of adjusted gross income: \$ _____

Employment Information

Primary Employment Status (*choose one*):

- Employed full-time (*for yourself or others*)
- Employed part-time (*for yourself or others*)

Employer: _____ Phone: (____) _____

Street: _____

City: _____ State: ____ Zip Code: _____

¹ "Household" includes 1) your financial dependents (for example, your dependent children), 2) anyone you depend on financially (for example, your parents), or 3) anyone with whom you are financially interdependent (for example, your spouse or partner). Your "household" may *or may not* be the same as the people you live with.

Crawford-Sebastian Community Development Council
C-SCDC IDA PROGRAM
IDA Goal Statement

Asset Goal

Homeownership

Describe the type of home your family needs (a house? a condominium? a mobile home? how many bedroom? how many square feet?) _____

How much do you estimate the home you need might cost? \$ _____

Post-Secondary Education

Describe the program you wish to enroll in _____ what type of degree or credential you will earn? _____ How many hours do you already have? _____

How many hours does your degree require? _____ when do you estimate graduation? _____

How much do you estimate it will cost to complete this program? \$ _____

Previous enrollment in savings or other programs

Have you ever had a checking account?	Yes	No
Have you ever had a savings account?	Yes	No
Do you use Direct Deposit?	Yes	No
Do you qualify for the EITC?	Yes	No
Do you received TANF?	Yes	No

-The earned income credit (EITC) is a tax credit for certain people who work and have low wages. A tax credit usually means more money in your pocket. It reduces the amount of tax you owe. The EITC may also give you a refund.

-Temporary Assistance for Needy Families (TANF) is a need-based income assistance program for families with children under age 18 who need financial support because one parent is absent from the home, one parent is incapacitated, and family income and assets are within the program limits. TANF programs include food stamps, financial assistance, medical assistance and transitional employment.

Applicant Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in **IDA Program Name**.

Signature: _____ Date: _____

Relationship to Participant: _____

For Office Use Only

Date received: _____ Application reviewed by: _____

Application complete

Interview scheduled: _____

Participant start date: _____ Paper file established Data entered in MIS