



Application for Participation in the VIDA IDA Program or the Matched College Savings Program (MCSP)



In order for CASA of Oregon to consider your application please attach the following documents pertaining to the applicant and all members of the applicant's household. **All fields must be filled in.**

- Public Benefit Certifying Documents (if applicable)
- Two months concurrent pay stubs
- SSI or SSDI benefit letter, proof of unemployment benefits and/or proof of other income (if applicable)
- Most recent tax return (including all schedules, if applicable)
- Schedule C **or** current profit & loss statement for self employed income
- Proof of Oregon residency (Oregon issued ID, utility bill, lease agreement)
- Application fee
- Savings Plan Agreement

Which IDA partner organization are you working with? \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

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

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

SSN or ITIN: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which asset are you interested in saving for? (Please choose only one):

- First Time Home Purchase
- Post Secondary Education
- Establishing a Retirement Account
- Small Business Start Up or Expansion
- Home Repair
- Funds Associated with Securing a Rental
- Purchasing a Vehicle for Personal Use
- Equipment, Technology or Specialized Training to Gain/Maintain Employment

Applicant Gender:

- Male     Female     Decline to ID    Date of Birth: \_\_\_\_\_

Applicant Marital Status:

- Single/Never Married     Married     Separated     Divorced     Widowed     Decline to ID

Applicant's race:

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

Applicant's ethnicity:

- Hispanic or Latino     Not Hispanic or Latino     Decline to ID

If you identify your race or ethnicity in a way not listed, please tell us: \_\_\_\_\_

Applicant's Country of Origin: \_\_\_\_\_  Declined to Answer

Applicant's language for correspondence:

- English     Spanish     Russian     French    Other: \_\_\_\_\_

Are you a farmworker?

Yes     No     Unknown/Declined to Answer

Are you a veteran?

Yes     No     Unknown/Declined to Answer

Were you in foster care while between the ages of 15-21?

Yes     No     Unknown/Declined to Answer

Do you have a disability?

Yes     No     Unknown/Declined to Answer

Applicant's Household's Housing Situation:

- Household is renting housing
- Household owns its home
- Sharing housing with family/friends/another household (due to loss of housing or economic hardship)
- Do not have stable housing situation right now
- Unknown/Declined to Answer

Other (please specify): \_\_\_\_\_

Are you a current TANF recipient?

Current TANF recipient     Not a current TANF recipient     Declined to ID

Have you received the federal Earned Income Tax Credit (EITC)?

Has claimed EITC     Has never claimed EITC     Declined to ID

Applicant's Education Completed:

- Grades K-5
- Grades 6-8
- Grades 9-11
- HS Diploma/GED
- Some College
- Vocational School Diploma/Degree
- AA degree/graduated two-year college
- Some graduate school
- BA/BS Degree/Graduated four-year college

Applicant's Employment status:

Full time (35+ hours per week)     Part time/seasonally     Declined to answer

Other (please specify): \_\_\_\_\_

Which financial institution would the applicant like to host the IDA?\*

**\*Please refer to the approved list of financial institutions. Contact your IDA specialist for more information.**

**Assets**

Cash: \_\_\_\_\_ Savings Account (not an IDA): \_\_\_\_\_

Children's Savings/CDs: \_\_\_\_\_ Checking Account: \_\_\_\_\_

**Please use the tax assessed value, a recent appraisal, or a fair estimate to determine the value of your home(s).**

Value of Home or Condo 1: \_\_\_\_\_

Value of Home or Condo 2: \_\_\_\_\_

**Please use Kelly Blue Book (www.kbb.com), NADA (www.nada.com) or a fair estimate for determining the value of your vehicle(s).**

Value of Vehicle 1 (most valuable): \_\_\_\_\_

Value of Vehicle 2: \_\_\_\_\_

Value of Vehicle 3: \_\_\_\_\_

Value of Business Assets/Inventory: \_\_\_\_\_ Value of Business Account(s): \_\_\_\_\_

Retirement 401K or IRA accounts: \_\_\_\_\_ Stocks/Bonds (not retirement): \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_ Other Investments: \_\_\_\_\_

All Other Assets (\$1000 value or more): \_\_\_\_\_

What are they? \_\_\_\_\_ Total Value of All Assets: \_\_\_\_\_

**Minus Value of Home 1, Car 1 and up to \$60,000 in retirement accounts:**

Total Eligible Assets:

**Debts**

**Please use the balance from your most recent mortgage statement(s). If there are multiple liens on the home, add them together.**

Amount owed on Home or Condo 1: \_\_\_\_\_ Amount owed on Home or Condo 2: \_\_\_\_\_

**Please use the balance from your most recent auto loan statement(s).**

Amount owed on vehicle 1: \_\_\_\_\_ Amount owed on vehicle 2: \_\_\_\_\_

Amount owed on vehicle 3: \_\_\_\_\_ Amount owed on credit cards: \_\_\_\_\_

Amount owed on medical bills: \_\_\_\_\_ Amount owed on student loans: \_\_\_\_\_

Amount owed to friends/family: \_\_\_\_\_ Past due child support: \_\_\_\_\_

Unpaid income or property taxes: \_\_\_\_\_ Store credit debt: \_\_\_\_\_

Personal lines of credit: \_\_\_\_\_ Business debts: \_\_\_\_\_

All Other debts: \_\_\_\_\_

What are they? \_\_\_\_\_

Total Debts:

**For Internal Use Only**

Total Eligible Assets (Oregon):	<input type="text"/>
Minus Total Debts:	<input type="text"/>
Equals Total Eligible Net Worth (Oregon):	<input type="text"/>

Total Eligible Assets (AFI):	<input type="text"/>
Minus Total Debts:	<input type="text"/>
Equals Total Eligible Net Worth (AFI):	<input type="text"/>

**Business Applicants Only**

Self-employed:  Full time (35+ hours per week)  Part time/seasonally  Declined to answer

Other (please specify): \_\_\_\_\_

Business gross sales, last calendar year: \_\_\_\_\_  Not sure

Business profits: \_\_\_\_\_  Not sure

**Education Applicants Only**

Parents' Highest Level of Education:  Some high school  High school Graduate/GED  Some college  
 Two-year degree  College Graduate (4 year)  Graduate degree

Which school do you plan to attend? \_\_\_\_\_

Will you be a first generation student? \_\_\_\_\_

**Home Ownership Applicants Only**

Federal housing assistance:  Yes  No  Unknown/Declined to Answer

**To Be Filled Out By All Applicants**

Are you a homeowner?  Yes  No  Declined

Are you a business owner?  Yes  No  Declined

Are you a vehicle owner?  Yes  No  Declined

Do you have a savings account?  Yes  No  Declined

Do you have a checking account?  Yes  No  Declined

Have you ever used a pre-paid card?  Yes  No  Declined

Have you ever used direct deposit?  Yes  No  Declined

**Household Income Information**

Applicant's Public Benefits Certifying Eligibility:  None  LIEAP  Low Income Tax Credit (LITC) Properties  Public Housing  
 Section 8  SNAP  TANF  WIC

**If the applicant qualifies for any of the Public Benefits listed above, no additional income information is needed. If not, attach 2 months of concurrent income documentation for all income earners in the household.**

How many income earners are in the applicant's household? \_\_\_\_\_ People in the household? \_\_\_\_\_

**Miscellaneous Questions**

Are you currently enrolled in an IDA program? \_\_\_\_\_

Have you ever been enrolled in an IDA program? \_\_\_\_\_

Have you applied recently for an IDA with any other organization? \_\_\_\_\_

If yes, with which organization and when: \_\_\_\_\_

Are you an employee, family member of an employee/volunteer of an organization that currently offers IDAs? \_\_\_\_\_

If yes to the above question, please indicate which organization: \_\_\_\_\_

**Financial Capabilities Questionnaire for Applicant**

Do you currently have a personal budget, spending plan, or financial plan?  Yes  No

How confident are 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 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

**Certification**

I understand that the information in this application will be kept confidential and will only be used for the purposes of applying to the VIDA or MCSP programs. I certify that the information provided and the statements made are true to the best of my knowledge. I understand that any false information provided will result in immediate removal from the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**IDA Specialist Use Only**

I have reviewed and verified the applicant's Oregon residency and age. I affirm that this application is complete and all the following required documents will be included with this application packet:

- Income verification for all household members or Public Benefits Eligibility verification
- Proof of Oregon residency (state issued ID, school ID, or passport)
- Application fee paid
- Completed and signed Savings Plan Agreement

\_\_\_\_\_

IDA Specialist Signature

\_\_\_\_\_

IDA Specialist Name

\_\_\_\_\_

Date

\*All five pages of this application should be submitted with the application packet.