

## INDIVIDUAL DEVELOPMENT ACCOUNTS (IDA) APPLICATION FOR PARTICIPATION

**NOTE TO APPLICANT:** This Individual Development Account (IDA) is an asset-building initiative designed to encourage and enable low-to-moderate income families/individuals to save. This special savings account helps Participants acquire one of the following assets: homeownership, small business ownership or expansion of an existing business, or college education/vocational training. Total Community Action secured federal funds to match your personal savings by 2 to 1. The Participant can save up to \$2,000.00. Because of this sizable investment, certain requirements and conditions are involved, and the Participant agrees to spend the funds on qualified expenses.

**Please read, understand, and agree to the Terms and Conditions of this application before signing.  
 Please carefully review and complete all sections of this application. Please type or PRINT in ink**

**ASSET GOAL:**    HOME   BUSINESS   EDUCATION        **DATE:** \_\_\_\_\_  
*(What you will purchase with your IDA Savings)*

### PART I.                    GENERAL INFORMATION (Please Print)

<b>Name:</b>		<b>Social Sec. No.:</b> -    -	
<b>Address:</b>			<b>Apt #:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b> (    )	<b>Work Phone:</b> (    )	<b>Mobile/Pager:</b> (    )	
<b>Gender:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<b>Date of Birth:</b> /    /	<b>Driver's Lic. Or State ID #:</b>	
<b>Marital Status:</b> <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Email:</b>			
<b>Co-Applicant (if applicable):</b>		<b>Social Sec. No.:</b> -    -	
<b>Address:</b>			<b>Apt #:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b> (    )	<b>Work Phone:</b> (    )	<b>Mobile/Pager:</b> (    )	
<b>Gender:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<b>Date of Birth:</b> /    /	<b>Driver's Lic. Or State ID #:</b>	
<b>Marital Status:</b> <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Email:</b>			
<b>Ethnicity:</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (please specify):		<b>Highest Level of Education Completed:</b> <input type="checkbox"/> Grade K – 5 <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Grade 6 - 8 <input type="checkbox"/> Graduated jr. college (2 yrs) <input type="checkbox"/> Grade 9 – 12 <input type="checkbox"/> Graduated college (4 yrs) Attended <input type="checkbox"/> college <input type="checkbox"/> graduate school	
<b>Place of Residence:</b> <input type="checkbox"/> Urban or suburban <input type="checkbox"/> Small town or rural area			
<b>Are you a resident of public housing?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, which public housing development?		<b>Are you a Section 8 recipient?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Do you have any special needs IDA Program staff should know about?</b>			

**PART II. HOUSEHOLD INFORMATION (Please Print)**

TOTAL number in household \_\_\_\_\_ (including yourself)  
 How many adults (18 years & older) \_\_\_\_\_ How many children (under 18 years old) \_\_\_\_\_  
 Please list ALL the members of your household:

First	Last	Date of Birth	Relation	Education Level

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

**PART III. INCOME, ASSETS/LIABILITIES (Please Print)**

Income Sources	Last month	Last year	Assets:	Y	N	Amount
Applicant wages			Do you own a <b>vehicle</b> ?	Y	N	
Co-Applicant wages			Value of <b>vehicle</b> :			\$
Self-employment			<b>Vehicle</b> loan balance:			\$
Child Support			Do you have <b>life insurance</b> ?	Y	N	
Alimony			Do you own a <b>home</b> ?	Y	N	
GOVERNMENT ASSISTANCE:			Value of <b>home</b> :			\$
TANF			<b>Home</b> loan balance			\$
Food Stamps			Do you own a <b>business</b> ?	Y	N	
SSI			Value of <b>business</b>			\$
Social Security			Do you own residential <b>rental</b> property/land?	Y	N	
Unemployment			Value of <b>rental</b> property			\$
Veteran's Benefits			<b>Rental</b> loan balance			\$
Pension/Retirement			Do you own stocks, bonds, 401k, or other <b>investments</b> ?	Y	N	
OTHER INCOME:			Value of <b>investments</b>			\$
Investment/Dividends			Do you have a <b>checking</b> account? (enter amount)	Y	N	\$
Other Income (specify):			Do you have a <b>savings</b> account? (enter amount)	Y	N	\$

	<b>Liabilities:</b>	<b>Y</b>	<b>N</b>	<b>Monthly Amount</b>
	Do you owe money to friends/family?	Y	N	\$
	Do you have past due household bills?	Y	N	
	Are you carrying a balance on credit cards?	Y	N	
	Do you have outstanding student loans?	Y	N	
	Do you have outstanding medical bills?	Y	N	
	Do you have outstanding furniture/appliance bills?	Y	N	
	Additional bills (specify)	Y	N	

**PART IV. EMPLOYMENT INFORMATION (Please Print)**

<b>Primary Employment Status (choose one):</b> <input type="checkbox"/> Employed more than full time (overtime or more than one job, for yourself or others) <input type="checkbox"/> Employed full-time (for yourself or others) <input type="checkbox"/> Currently seeking employment <input type="checkbox"/> Currently in school or job training <input type="checkbox"/> Employed part-time (for yourself or others) <input type="checkbox"/> Homemaker, not seeking employment <input type="checkbox"/> Laid off, waiting for call back <input type="checkbox"/> Working & in school or job training <input type="checkbox"/> Disabled, not seeking employment <input type="checkbox"/> Retired, not seeking employment		
Applicant's Employer:		Phone: (    )
Street:		
City:	State:	Zip:
Co-Applicant's Employer:		Phone: (    )
Street:		
City:	State:	Zip:

**PART V. APPLICANT'S PERSONAL STATEMENT (Please Print)**

1. Please explain why you are interested in participating in the IDA Program?
2. How much can you afford to save each month?
3. (Home Buyer) What is your vision of the ideal neighborhood?
4. How did you hear about the IDA Program?
5. What are the benefits of home ownership to your household?

**PART VI. EMERGENCY CONTACT INFORMATION (Please Print)**

Name:		Relationship:
Address:		Apt #:
City:	State:	Zip:
Home Phone: ( )	Work Phone: ( )	Mobile/Pager: ( )
Email:		

**PART VII. ORGANIZATION INFORMATION (Please Print)**

Referral Organization:	
Name:	
Phone: ( )	Fax: ( )
Email:	

**PART VIII. TERMS AND CONDITIONS**

- I/We have read all four (4) pages of this application and represent that all information provided is true and accurate to the best of my knowledge. I/We understand the terms and conditions explained in the Participant Agreement and Savings Agreement. My/Our signature(s) below attest that I/we are in compliance with all terms set forth herein. I/We understand that any intentional misrepresentations can be grounds for termination from the program.
- I/We hereby authorize the IDA Program Partners to verify my/our past and present employment and earnings, bank accounts, stock holdings and/or any other asset information. I/We further authorize IDA Program Partners to order an in-file and/or consumer credit report and verify other credit information. This information is to be used for the purposes of determining eligibility for the IDA Program.

\_\_\_\_\_  
 Signature (Applicant) Date

\_\_\_\_\_  
 Signature (Co-Applicant, if applicable) Date

***THE INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM, ITS AGENTS, PARTNERS, AND FUNDERS DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, DISABILITY OR FAMILIAL STATUS.***

*Return completed application packet to:*

Total Community Action, Inc. IDA Program  
 c/o TCA IDA Program  
 1420 S. Jefferson Davis Pkwy.  
 New Orleans, LA 70125

*For questions, please call (504) 872-0329 or fax (504) 304-6769*