



Individual Development Account (IDA) Program Application | Applicant Profile

Please note: All information requested on this application form will be kept confidential within Mesa Community Action Network's IDA Program, partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for program evaluation purposes.

PRINT CLEARLY

Name: _____ Date of Birth: _____ / _____ / _____
First Name – Middle Initial – Last Name Month Day Year

SSN: XXX – XX – _____ Phone: (_____) _____ - _____ Cell Home Other: _____

Street Address: _____ Apt./Unit #: _____

City: _____, Arizona Zip Code: _____

Email Address: _____

Were you referred to the IDA program by another organization? Yes No

Referring Source: Friend College Bound ANL Website Presentation Other: _____

IDA Asset Goal

Please select one: Education – Post Secondary Entrepreneur Business Capitalization

Highest Level of Education: Grades K-5 6-8 9-11 HS Diploma/GED

Vocational Diploma/Degree Some College Associate Degree BA/BS Degree Graduate Degree

Attending or Attended

High School: _____ College/University: _____

Current/Future Major: _____ Expected Graduation Date: _____

Study Abroad: _____ N / A

The following information is required and used for compliance and reporting only.

Gender: Male Female Other

Marital Status: Single (Never Married) Married Divorced Separated Widowed

Primary Employment: Part-Time Full-Time Unemployed Retired Full-Time Student
 Other: _____

Are you of Hispanic / Latino Ethnicity: Yes No

Race: Check One – White Black / African American (AA) Black or AA & White
 Asian Asian & White American Indian/ Alaska Native American Indian/ AN & White
 American Indian / AN & Black/ AA Native Hawaiian/ Other Pacific Islander Other Multi-Racial

Native Language: English Spanish Other: _____

Citizenship Status: US Citizen Other: _____

Note: Citizenship does not determine eligibility. Citizenship status may affect how our payments need to be submitted to educational institutions.



IMPORTANT: Please read carefully and check the box that best applies to you.

- If you're a single person working and earning an income and do not share a dwelling with other adults (18 and older), you are considered your own household.
- If you're a single person working and earning an income AND share a dwelling with other working adults (e.g. parents, relatives, roommates) you are considered your own household. When answering the following questions, please answer the questions about you personally do not include the other working adults (e.g. parents, relatives, roommates).
- If you are a single person not working or are married AND living with other working adults (e.g. spouse, parents, relatives) then you must include the assets and liabilities for all members of the household.

Please fill in the charts below showing what your household **owns** (assets) and what your household **owes** (liabilities).

Assets/ Liabilities excluded from Net Worth Calculation:

Primary Vehicle Value: \$ _____
 Primary Residence Value: \$ _____

ASSETS

LIABILITIES

Secondary Vehicle Value:	\$	Primary Vehicle Balance Owed:	\$
Secondary Residence Value:	\$	Secondary Vehicle Balance Owed:	\$
Checking Account(s) Value:	\$	Primary Residence Mortgage:	\$
Savings Account(s) Balance:	\$	Secondary Residence Mortgage:	\$
Investment Balance(s): Ex: 401K, IRA, Stocks, Bonds, Other	\$	Credit Card(s) Balance: Ex: MasterCard, Visa, Macey's, Etc.	\$
Personal Business Value:	\$	Bills Owed: Ex: Electricity, Gas, Waste Management, etc.	\$
Other Property / Real Estate Value(s):	\$	Outstanding Medical / Dental Bills:	\$
Whole Life Policy Insurance Value(s): Ex: CashOut Value, not coverage amount	\$	Personal Loan Debt: Ex: Ow ed to family / friends	\$
Other Assets:	\$	Student Loan Balance:	\$
	\$	Other Debts:	\$
Total Value of Assets:	\$	Total Value of Liabilities:	\$

CALCULATION

Total Assets - Total Liabilities: \$



IMPORTANT: Please read carefully and check the box that best applies to you.

- If you're a single person working and earning an income and do not share a dwelling with other adults (18 and older), you are considered your own household.
Do you have any dependent children (under 18) currently living at your residence? Yes No
Number of Dependents _____

- If you're a single person working and earning an income AND share a dwelling with other working adults (e.g. parents, relatives, roommates) you are considered your own household. When answering the following questions, please answer the questions about you personally do not include the other working adults (e.g. parents, relatives, roommates).
Do you have any dependent children (under 18) currently living at your residence? Yes No
Number of Dependents _____

- If you are a single person not working or are married AND living with other working adults (e.g. spouse, parents, relatives) then you must include the monthly income for all members of the household.
Total number of adults (18 and older) currently living at your residence? _____
Are there any children (under 18) currently living at your residence? Yes No
Number of Dependents _____

Monthly income before taxes of your household by source:

- \$ _____ Formal Employment (earned income)
- \$ _____ Self-employment
- \$ _____ Government assistance Food Stamps SSI Unemployment
- \$ _____ Pensions or retirement income
- \$ _____ Child Support / Alimony
- \$ _____ Friends / Family
- \$ _____ Investment income
- \$ _____ Rental Property income
- \$ _____ Other (specify): _____

Additional Income Source(s) – Check all that apply.	Currently Receiving	Has Ever Received	N/A
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal EIC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State EITC (Earned Income Tax Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Signature: _____

Date: ____/____/____