

**APPLICATION**

Please fill out this application completely to the best of your ability.

Full Name: \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Mobile or Work Telephone #: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Mailing Address (if different than address above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please provide the name and address of a relative who would definitely know where you live even if you move:**

Relative's name: \_\_\_\_\_ Cell/Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Marital Status:**

- Single
- Married
- Domestic Partnership
- Separated
- Divorced
- Widowed

**Education:**

- Grades K-5
- Grades 6-8
- Less than High School
- High School
- Diploma/GED
- Some college
- 2-year degree
- 4-year degree
- Attended Grad School
- Master's Degree or higher

**Employment Status:**

- Employed more than full-time (overtime or working more than one job)
  - Employed full-time (35-40 hours)
  - Employed part-time (up to 35 hours)
  - Volunteer, not employed
  - Unemployed, seeking employment
  - Unemployed, not seeking employment
  - Retired, not seeking employment
  - Disabled, not seeking employment
  - SELF-EMPLOYED
- \*Estimated hrs worked/per week: \_\_\_\_\_

**Ethnicity:**  Prefer not to say

- Caucasian
- Hawaiian Native or Other Pacific Islander
- African American
- Native American
- Asian/Micronesian
- Alaskan Native
- Multiracial or other
- Other: \_\_\_\_\_

**Housing**

- Rent
- Own
- Group Home
- Other: \_\_\_\_\_

**Family Type:**

- Single Person
- Single Mom
- Single Dad
- Two Parent Household/children
- Two or more Adults with no Children
- Other: \_\_\_\_\_

Are you Hispanic/Latino? \_\_\_ Yes \_\_\_ No

Do you have a disability? \_\_\_ Yes \_\_\_ No      Are you a Veteran? \_\_\_ Yes \_\_\_ No

How many in your family: \_\_\_ Adults      \_\_\_ Children under 18

Farm worker status: \_\_\_ Year round \_\_\_ Seasonal \_\_\_ Migratory

Are you currently enrolled in school? \_\_\_ No \_\_\_ Yes \_\_\_ Full Time \_\_\_ Part Time

Country of birth: \_\_\_\_\_      Language currently spoken in Home: \_\_\_\_\_

Have you or someone in your home ever had an IDA before? \_\_\_ Yes \_\_\_ No If so, When? \_\_\_\_\_

For which asset? \_\_\_ Business \_\_\_ Home \_\_\_ Education Other: \_\_\_\_\_

Are you a volunteer or related to an employee at eDev? \_\_\_ Yes \_\_\_ No

Please list all household members below, not including the applicant:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Employer</u>	<u>Monthly Income</u>

**APPLICANT'S EMPLOYMENT HISTORY**

**Current Employer/Self-Employment**

Company Name	Employed (month/year) From:                      To:
City	Wage \$                      per Hour or Month (circle one)
Position/Type of Work	Average Number of hours worked weekly:

**Secondary Employer/Self-Employment**

Company Name	Employed (month/year) From:                      To:
City	Wage \$                      per Hour or Month (circle one)
Position/Type of Work	Average Number of hours worked weekly:

**Other Household Adult (spouse, partner) Employer/Self-Employment**

Company Name	Employed (month/year) From:                      To:
City	Wage \$                      per Hour or Month (circle one)
Position/Type of Work	Average Number of hours worked weekly:

PLEASE INDICATE IF ANYONE IN YOUR HOUSEHOLD HAS RECEIVED ANY OF THE FOLLOWING SOURCES OF INCOME IN THE LAST 12 MONTHS.

	Participant	HH Member 1	HH Member 2	HH Member 3	HH Member 4
Employment salary/wages					
Child support					
Alimony					
General Assistance					
Unemployment/Workers Comp					
Social Security (SSI or SSDI)					
Retirement Pension					
Other income: _____					

### Monthly Gross Income of Household by Source

*Please write down the monthly income received per source and household members. Try to be as accurate as possible.*

**ADJUSTED GROSS INCOME**

Earned Income (per month):

Participant	Monthly Gross Income	Other HH Members
\$		\$
\$	Self-employment Income	\$
\$	Investment income	\$
\$	Other:	\$
\$	Other:	\$
\$	Sub-Totals A	\$

A. Total: \$ \_\_\_\_\_

**Unearned Taxable Income (per month):**

\$	SSI or SSD	\$
\$	Unemployment Compensation	\$
\$	Pensions/Annuities/ IRAs	\$
\$	Alimony	\$
\$	Other:	\$
\$	Sub-Totals B	\$

B. Total: \$ \_\_\_\_\_

**OTHER INCOME RECEIVED**

Non-Taxable Income(per month):

Participant	Non-Taxable Income	Other HH Members
\$	TANF	\$
\$	Food Stamps	\$
\$	Housing Assistance	\$
\$	Earned Income Tax Credit (EITC) <i>Give annual amount</i>	\$
\$	Child Support	\$
\$	Gifts (from friends or family)	\$
\$	Other: (IE: Voc Rehab, Veterans)	\$

Calculating Total Adjusted Gross Income	
Total A	\$ _____
Total B	\$ _____
<b>Total Adjusted Gross Income</b>	<b>\$ _____</b>

**Family Resources:**

Do you and your family have health insurance?

- Yes, all**     
  **None**     
  **Some**

If yes, is it the Oregon Health Plan?

- Yes**     
  **No**     
  **Unknown**

Do you have life insurance?

- Yes**     
  **No**     
  **Unknown**

Have you ever used direct deposit?

- Yes**     
  **No**     
  **Unknown**

Have you ever qualified for the EITC?

- Yes**     
  **No**     
  **Unknown**

Have you ever received TANF benefits?

- Yes**     
  **No**     
  **Unknown**

Have you had a checking account before?

- Yes**     
  **No**     
  **Unknown**

Have you had a savings account before?

- Yes**     
  **No**     
  **Unknown**

Are you a client of Vocational Rehabilitation?

- Yes**     
  **No**     
  **N/A**

Have you received emergency food assistance in the last 12 months?

- Yes**     
  **No**     
  **N/A**

Do you receive LIEPA assistance for your heating bills?

- Yes**     
  **No**     
  **N/A**

Do you receive federal housing assistance?

- Yes**     
  **No**     
  **N/A**

**If you don't have children, skip to page 4.**

Do you use employment related day care?

- Yes**     
  **No**     
  **N/A**

Do your children get free or reduced school lunches?

- Yes**     
  **No**     
  **N/A**

Do you receive WIC?

- Yes**     
  **No**     
  **N/A**

Do you qualify for the State Working Family Childcare Tax Credit?

- Yes**     
  **No**     
  **N/A**

Do your children attend Head Start?

- Yes**     
  **No**     
  **N/A**

**Calculating Net Worth**

Please fill the spaces in below showing what you own (assets) and what you owe (liabilities). **Your primary home and one car will be excluded when determining your eligibility for the IDA program.**

Assets are things you own.			Assets (+)	Liabilities are things you owe.			Liabilities (-)
Vehicle 1: \$	Vehicle 2: \$	Total	\$	Vehicle 1: \$	Vehicle 2: \$	Total	\$
Home 1: \$	Home 2: \$	Total	\$	Mortgage 1: \$	Mortgage 2: \$	Total	\$
		Cash				Unpaid income/property tax	
		CD's				Unpaid child support	
		Children's savings				Credit cards (Visa/MasterCard)	
		Business asset/inventory value	\$			Store Credit (Target, Sears)	\$
		Residential rental property or land value	\$			Personal Lines of Credit	\$
		Stocks & Bonds (Non Retirement)	\$			Medical Debt	\$
		Retirement Funds (401k,IRA)	\$			Business Debt	\$
		Checking Account balance	\$			Friends/Family	\$
		Business Bank account(s)	\$			Student Loan	\$
		Savings Account balance	\$			Other _____	\$
		Other _____				Other: _____	\$
<b>Total Assets</b>			\$	<b>Total Liabilities</b>			\$

Total Net worth  
(assets minus liabilities) \_\_\_\_\_

Adjusted Net worth (assets minus Liabilities) \_\_\_\_\_

**I understand the above information will be kept confidential. I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation, false or misleading statement may result in the denial of my application or permanent termination from the program.**

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)