



FOR OFFICE USE ONLY
Funding year & source/amount
ORIDA: _____/_____
AFI: _____/_____

DreamSavers Individual Development Account Program Application

If you have any questions regarding this application, contact _____ at 541-673-4909

To avoid any possible delay, answer all questions and attach all necessary documents.

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT PROPER DOCUMENTATION.

Participant General Information

Applicant Name: _____ **Home phone #:** _____ **Work/Cell #:** _____

Residence Address: _____ **City:** _____ **State:** OR **Zip code:** _____

Mailing Address (if different): _____ **City:** _____ **State:** OR **Zip code:** _____

Email: _____ **County of Residence:** _____

Birth Date: _____ **Age** _____ **Social Security #:** _____ **Do you reside on a Reservation?** Y N

Ethnicity

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian /Pacific Islander | <u>Hispanic?</u> |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White | <input type="checkbox"/> No |
| <input type="checkbox"/> Other/Multiple: | Specify: _____ | |

Gender of participant:

- Male Female Other

Marital status of participant:

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Married | <input type="checkbox"/> Domestic Partnership |

Country of Origin:

What language do you prefer to receive correspondence in ?

Do you consider yourself the Head of Household? Yes No

Are you a:

- | | |
|---|--|
| <input type="checkbox"/> Farmworker | <input type="checkbox"/> Seasonal Farmworker |
| <input type="checkbox"/> Migrant Farmworker | <input type="checkbox"/> Not a Farmworker |

How did you hear about the DreamSaver program?

- | | |
|--|---|
| <input type="checkbox"/> Client Referral | <input type="checkbox"/> Partner Referral |
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Newspaper | |

Veteran:

- Yes No

Are you a youth (UNDER 18) living with a family member?

- Yes No

Family Type:

- | | |
|--|--|
| <input type="checkbox"/> Single Person | <input type="checkbox"/> 2 or more adults, no children |
| <input type="checkbox"/> Single Mother | <input type="checkbox"/> 2 parent household |
| <input type="checkbox"/> Single Father | <input type="checkbox"/> Other |

Housing Type:

- | | |
|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Own | <input type="checkbox"/> Other |

Disabled:

- Yes No

Residential Status:

- U.S. Citizen
 Permanent Resident

Health insurance primary source:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Coverage thru another job | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Coverage thru spouses job | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> None |
| <input type="checkbox"/> State plan | <input type="checkbox"/> Other source |
| <input type="checkbox"/> Coverage thru business | |

Health insurance for household?

- All members insured
 Some members insured
 No members insured
 Don't know

Are you a first time home buyer? (Answer only if you are using D\$ to purchase a home) Yes No

What do you plan to use your DREAM\$AVERS account for? (Please only select one. You may change at a later date.)

- Purchase a home Home Repair/Accessibility to a primary dwelling
 Education/Job training Equipment/Technology to become employable
 Start or expand a small business

If choosing a goal other than *Purchase a Home*, please give a short description of what you want to do or purchase:

HOUSEHOLD Net Worth-

Write in N/A if you do not have or "0" if you have but do not currently have a balance.

DO NOT LEAVE BLANKS.

Do you own the following? If YES, what is their value?			Assets Total	What is the amount that you owe?			Liabilities Total
Vehicle 1 value:	Vehicle 2 value:	Vehicle 3 value:	\$	Loan on Vehicle 1:	Loan on Vehicle 2:	Loan on Vehicle 3:	\$
Home 1:	Home 2:	Home 3:	\$	Mortgage 1:	Mortgage 2:	Mortgage 3:	\$
Cash			\$	Business Debts			\$
Do you have any CD's			\$	Personal Debt (to family, friends, etc.)			\$
Do you have a Savings account (not IDA)			\$	Credit Cards			\$
Children's Savings Accounts/CD's			\$	Student Loans			\$
Do you have any Checking Accounts			\$	Medical Debt			\$
Do you have any Business Assets/Inventory			\$	Store Credit			\$
Do you have any Business Bank Accounts			\$	Unpaid Property or Income Taxes			\$
401K / IRA Retirement			\$	Personal Line of Credit			\$
Stocks/ Bonds (not retirement)			\$	Back Child Support			\$
Other Investments			\$	Other			\$
Total Assets			\$	Total Liabilities			\$

Participant Employment Information

Current employment information: Please indicate N/A if not applicable. Do not leave any blanks.

Are you self-employed? Yes No

PARTICIPANT Employer 1

Company Name	Employed (state month/year)From: To:
City	Wage \$ Per Hour or Month (circle one)
Position/Type of Work	Average Number of hours worked weekly
Are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	

PARTICIPANT Employer 2 (IF APPLICABLE)

Company Name	Employed (state month/year)From: To:
City	Wage \$ Per Hour or Month (circle one)
Position/Type of Work	Average Number of hours worked weekly
Are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	

SPOUSE Current Employment-IF NOT EMPLOYED PLEASE INDICATE

Company Name	Employed (state month/year)From: To:
City	Wage \$ Per Hour or Month (circle one)

Position/Type of Work	Average Number of hours worked weekly
Are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	

Participant/Spouse Alternative Income Information

Please list any additional income information for yourself and your spouse. If no additional income, please indicate with an N/A. Please attach documentation for each source.

Income Source (SSI, SSD, Pension, Child support, TANF, unemployment, alimony, EITC, etc.)	Participant	Spouse
	Amount	Amount
Total Other Income		

Other Household Member Income

Please provide the following income information of all other adults living in your house (exclude yourself and your spouse). If no income, please indicate with an N/A.

Employment Income and Other Income (SSI, SSD, Pension, Child Support, TANF, etc.)	Other Household Member #1	Other Household Member #2	Other Household Member #3
Income Source	Amount	Amount	Amount
Total Monthly Income			

Household Supportive Services Received

Are you or anyone in your household a recipient of any of the following services?

Federal and State Earned Income Tax Credit

- Received payments Eligible, but have not received payments Not eligible Unknown

Have you ever been a recipient of Temporary Assistance to Needy Families (TANF) or AFDC?

- Yes No Unknown

Do you currently receive Temporary Assistance to Needy Families (TANF)?

- TANF Recipient Not a TANF recipient Unknown

Federal Housing Assistance (Sec 8, public or low income housing)

- Employer Related Daycare
 WIC (Women, Infants and Children)
 Working Family Child Tax Credit
 Head Start
 Vocational Rehabilitation

Food Stamps

- Oregon Health Plan
 Reduced school lunches
 Low Income Energy Assistance (LIEAP)
 Emergency Food Assistance

Participant Miscellaneous Information

How many adults (18 & over) are living in the household? _____

How many children (under 18) are living in the household? _____

Highest Level of Education Completed:

- Grade 0-8th Some High School
 HS Grad /GED Some College

School Status:

- Enrolled Full time Not Enrolled
 Enrolled Part Time

- Two year degree College Graduate (4 yr)
- Attended grad school Graduate degree

If in school, are you receiving Financial Aid?

- Yes No

Employment Status of Participant:

- Employed more than full time (41+ hrs /week)
- Employed full time (35-40 hrs / week)
- Unemployed, looking for work
- Unemployed, disabled
- Employed part time
- Unemployed, volunteer work
- Unemployed, retired
- Unemployed, not looking for work

Have you ever used Direct Deposit to a bank account?

- Yes No

Do you have life insurance?

- Yes No Unknown

Did you have an existing relationship with the organization prior to enrollment in the IDA program?

- Yes No Unknown

Please list ALL persons in household: If you are living with any person(s) you do not consider as part of your household, you must be able to provide a tax return showing that they are not a dependant.

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

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

Relative's name: _____ Phone number: _____

Address: _____

Participant Current Financial Situation

Have you obtained a credit report within the last year? Yes No Do you have a good credit rating? Yes No

Please explain (Bankruptcy, late payments, collection accounts, foreclosure, repossessions, etc.)

Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much per month?	\$ _____
Do you currently have an IDA account with another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for an IDA account with another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Credit Report

Dream\$avers will require a credit report be pulled, at our expense, to obtain credit scores at the beginning and end of this program. The content of your report will not be shared, but anonymously, your credit score will be. You will receive a copy of this report. To authorize this report be pulled please sign.

I authorize the Dream\$avers program to pull a credit report on my behalf.

(Signature)

Date

Attach income verification documents of each household member with the application.

Please attach a copy of the following (or bring these items when you turn in the application and we will make copies). This needs to be your MOST CURRENT information:

- Income verification documents for **each household member**
For Earned Income: (2 months pay stubs, 2 months complete bank statements for all accounts **AND** most recent tax return **SIGNED**. If self employed please include Schedule C and Profit and Loss statement.)
For Un-earned income: (Most recent tax return **SIGNED**, benefit letter, child support award decree, etc.)
- Participant Driver's license, State ID card or birth certificate
- Participant Social Security Card, Green card, Visa, etc.

**If required documentation is not attached, this will delay enrollment in the program.
Further information may be requested.**

Certification

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.

(Applicant's signature)

(Date)

(Applicant's parent/guardian) if under 18 years

(Date)

**Mail or return this application along with all supporting documentation to:
Umpqua CDC, 605 SE Kane, Roseburg Or 97470
Phone: 541-673-4909 Fax: 541-673-5023**