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Indiana Housing & Community Development Authority

This pdf copy of the 2025 IDA & IDA Tax Credit Administrator application is for reference only. All applications must be submitted online at the following link: <https://www.surveymonkey.com/r/2025IDAapplication>

2025 Individual Development Accounts (IDA) & IDA Tax Credit Administrator Application

The Individual Development Accounts (IDA) & IDA Tax Credit Administrator Application allows qualifying non-profit community development corporations and community based organizations to apply for funding to administer the IDA Program to local participants.

The 2025 IDA & IDA Tax Credit Administrator Application will close on Thursday, June 19, 2025. No further submissions will be accepted after that date.

Preliminary award decisions are planned for early to mid-July 2025. Final award approval is tentatively planned to be requested at the IHCDA Board of Directors Meeting in late July. All award announcements, as well as any changes to this timeline, will be announced to applicants at the email address(es) provided on their applications.

Program Information: IDA is an asset development program for low to moderate Indiana residents that helps them attain self-sufficiency through financial education and skills training, case management, and matched savings incentives. To learn more about this program and its eligibility requirements, please visit the [IDA partner website](#).

For questions, please email ida@ihcda.in.gov.

To receive program updates, subscribe to the [IDA email list here](#).

Please Note: This application is NOT for individuals who want to apply to enroll in IDA. Prospective participants should apply directly through their local IDA Administrators. Additional program information as well as list of current IDA Administrators can be found on the [IDA Homeowners & Renters page on the IHCDA website](#).

Organization Information

* 1. Organization Legal Name (this should exactly match what is listed on the [Indiana Secretary of State INBiz website](#), including punctuation):

* 2. If your organization uses a registered dba/assumed name that you would like to include, list it here (must be registered with the [Indiana Secretary of State INBiz website](#)):

* 3. Organization Address:

Street address	<input type="text"/>
Street address line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select state"/>
Zip code	<input type="text"/>

* 4. Organization Phone Number:

* 5. Executive Director or Authorized Signatory (for contracts/agreements):

Full Name (as it should appear on legal documents)	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>

* 6. IDA Primary Contact:

Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Direct Phone Number	<input type="text"/>

7. IDA Tax Credit Primary Contact (if applicable):

Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>

8. If your organization has any other staff members who should be included on communications regarding this IDA application, please list their names, titles, and email addresses here. If your organization receives an IDA award for the 2025 award cycle, a more specific contact update request form will be sent to confirm additional contacts and communication preferences.

9. For each new award, IHEDA updates its website with the current IDA and IDA Tax Credit administrator lists, which was expanded last year to include the names, primary addresses, primary phone numbers, counties served, and website links.

To assist with this, depending on what information your organization would like to have included on IHEDA's public IDA Administrator lists, please include any of the following in the box below, as applicable:

- *Alternate address and/or telephone number, if you would like something different posted on the website than what you have listed above for your organization address and phone number.*
- *Any additional addresses and/or phone numbers you would like to include if you have more than one location that serves IDA clients.*
- *IDA contact name(s), title(s), and/or email address(es) for prospective clients and/or donors (if you participate in the IDA Tax Credit Program) to contact you. (Note: No names or email addresses you have provided elsewhere in this application will be included on IHEDA's public IDA Administrator lists unless you have also listed them in this box.)*
- *Link(s) to your website: If you have a link specifically for your website's IDA page that you would like to include instead of the main page of the website, copy it here. In addition, if you participate in the IDA Tax Credit program and want to include a link to a donation page on your website that has information on IDA tax credits, you can include that here as well.*

Note: Do not list your counties served here. This information will be asked about later in the application.



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Application

Organization Eligibility

* 10. Organization EIN:

* 11. To qualify for IDA funding, your organization must be an eligible non-profit corporation with a 501(c)3, 501(c)4, 501(c)5, or 501(c)6 designation from the Internal Revenue Service.

Does your organization have a current 501(c)3, 501(c)4, 501(c)5, or 501(c)6 designation?

☐ Yes

☐ No

* 12. Please upload a copy of your organization's most recent IRS determination letter showing 501(c)3, 501(c)4, 501(c)5, or 501(c)6 designation.

Choose File

Choose File

No file chosen

* 13. To be eligible for IDA funding, your organization must have filed as a Domestic Nonprofit Corporation in the State of Indiana and be in good standing with the Indiana Secretary of State.

Is your organization currently registered as a Domestic Nonprofit Corporation in the State of Indiana AND in good standing with the Indiana Secretary of State?

☐ Yes

☐ No

* 14. Please upload a copy of your organization's business entity details from the Indiana Secretary of State INBiz website confirming your organization's status as a Domestic Nonprofit Corporation in good standing with the Indiana Secretary of State.

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
03/26/2025 10:38 AM

Business Details

Business Name:		Business ID:	
Entity Type:	Domestic Nonprofit Corporation	Business Status:	Active
Creation Date:		Inactive Date:	
Principal Office Address:		Expiration Date:	Perpetual
Jurisdiction of Formation:	Indiana	Business Entity Report Due Date:	04/30/2027
		Years Due:	

Governing Person Information

To confirm your organization's good standing and generate a pdf of your business information for upload:

- Search for your organization on the Indiana Secretary of State INBiz website.
- Locate your organization in the search result list and click on your **Business ID** to open your organization's **Business Details** page.
- On the Business Details page, your organization's "**Entity Type**" should be listed as "**Domestic Nonprofit Corporation**," and "**Business Status**" should be listed as "**Active**."
- In the **top right corner** of the screen, click the "**Print Entity Details**" button. This will generate a pdf with your organization's information and the date that information was accessed.
- Once you have downloaded the pdf, **upload it here**.
- Make sure to download your organization's **CURRENT business entity information from 2025** from the website. **DO NOT upload a copy from a prior year.**

Choose File

Choose File

No file chosen

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Application Rubric and Scoring Guidelines

IDA application responses will be scored based on the criteria outlined below.

There are 100 points available, plus up to 5 additional bonus points for organizations willing and able to serve any counties that are not currently served by another IDA administrator, for a total of 105 points possible.

Applicants must score a minimum of 80 points to be approved for funding.

- ***Applicant serves multiple counties and makes program widely accessible to participants, including those in underserved areas and those with limited English proficiency. If applicant offers virtual participation or serves those who do not reside nearby, there is a clear, well-developed plan to adapt services, banking, etc. to make this possible. (15 pts)***
 - ***Bonus: Up to 5 additional points may be awarded to each applicant willing to serve one or more counties not currently served by another IDA administrator. The applicant's plan or the area's distance from the applicant's location must reasonably indicate the applicant's ability to successfully serve these areas. (+5 pts)***
- ***Applicant demonstrates a connection and commitment to IDA's mission of reducing poverty and helping participants achieve financial self-sufficiency. (5 pts)***
- ***Applicant has a history of (if current/prior IDA Administrator) and well-developed current plan for recruitment to consistently fill all awarded accounts with participants who can successfully complete the program. (20 pts)***
- ***Applicant has a history of (if current/prior IDA Administrator) and well-developed current plan for program compliance. This includes the following: internal and external procedures; staff education, communication, and continuity of service; consistent and accurate tracking, reporting, and documentation; and compliance with IHEDA requests. (20 pts)***
- ***Applicant has a history of (if current/prior IDA Administrator) and well-developed current plan to provide case management and ongoing support to participants to maximize successful program completion. (20 pts)***
- ***Applicant offers most or all eligible asset purchase goals and/or has the flexibility to work with participants on additional/alternative asset goals (if not all available asset goals are offered) as necessary for client success. Applicant provides a clear, well-developed plan for participant financial literacy and asset specific education for all offered asset goals. (20 pts)***

Please Note: For returning organizations, IHEDA reserves the right to deny applications or limit the number of awarded accounts based on current/recent performance issues (including ongoing/consistent excessive unused awards and non-compliance), regardless of application score.



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Service Area and Accessibility

* 15. List all counties in which your organization markets/will market IDA services.

* 16. List any additional counties your organization does not market IDA services in but is willing to serve.

* 17. Will your organization serve any of the following counties that are not currently served by any other IDA Administrators?

Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Benton County | <input type="checkbox"/> Jennings County | <input type="checkbox"/> Shelby County |
| <input type="checkbox"/> Cass County | <input type="checkbox"/> Martin County | <input type="checkbox"/> Switzerland County |
| <input type="checkbox"/> Clay County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Vermillion County |
| <input type="checkbox"/> Dearborn County | <input type="checkbox"/> Ohio County | <input type="checkbox"/> Vigo County |
| <input type="checkbox"/> Decatur County | <input type="checkbox"/> Parke County | <input type="checkbox"/> Warren County |
| <input type="checkbox"/> Fountain County | <input type="checkbox"/> Putnam County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Jackson County | <input type="checkbox"/> Ripley County | <input type="checkbox"/> My organization does not/will not serve any of these counties. |
| <input type="checkbox"/> Jefferson County | <input type="checkbox"/> Scott County | |

* 18. In which of the counties you indicated in your responses to the previous three questions does your organization have offices where you will physically serve IDA participants?

If you do not have offices in all the counties you will serve, describe how you will serve participants from any of the above-listed counties in which you do not have offices.

Include how you will address distance, meetings, local providers, vendors, financial institutions, etc.

* 19. How will your organization promote IDA and make services accessible to participants with limited English proficiency?

Include information about the languages you will offer, services you will provide, agencies you will contract/partner with, publications you will advertise in, names/positions of bilingual staff, etc.



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Program Administration

* 20. Describe how the IDA Program aligns with or contributes to your organization's overall mission, programs, and current projects.

* 21. Will you administer IDA in conjunction with any other program you offer?

☐ No

☐ Yes. (please describe)

* 22. Describe the methods and strategies your organization will use to recruit qualified participants and consistently fill all awarded program spots.

* 23. How will your organization ensure you have adequate, appropriately trained staff to maintain program compliance and provide consistent, continuous program administration and client service, including in times of staff turnover?

For this question, examples of program aspects/responsibilities may include the following: participant enrollment, case management, education, help with asset purchases, claim submissions, bank transfers/account management, development/tax credit sales/donor relations (if IDA tax credit participant), tracking and reporting

- Identify all staff involved in IDA program administration at your agency, indicating which different aspect(s) of the program each staff member will administer.
- If different staff members administer different aspects of the program, how will they work together and communicate to ensure accuracy and consistency?
- Are any other staff trained in these processes?
- What is your plan to ensure continuity of client services and other program responsibilities in the event of staffing changes?

* 24. Case management is an important part of IDA, due to the various requirements and the length of time participants generally spend in the program. Describe how your agency will handle case management, addressing the following:

- How often will staff meet or interact with participants (including frequency and methods of meetings and supplemental contact)?
- What services and support will you provide to help participants achieve program goals, promote self-sufficiency, address individual financial needs, and overcome barriers?
- How will you maximize ongoing participant engagement, keep participants on track, and minimize unsuccessful account closeout?
- How will you determine when it is appropriate to close unsuccessful awards and reuse the account for a new participant?

* 25. Describe any recent innovations, partnerships, or accomplishments that have notably increased the success of your agency's IDA program or another similar program. If this question does not apply to your agency, enter "Not Applicable" in the box.

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Offered Asset Goals

* 26. Please select all eligible asset purchase goals that your organization offers IDA program participants.

☐ Home Purchase (primary residence)

☐ Education or Job Training

☐ Owner-Occupied Home Repair

☐ Motor Vehicle Purchase (for transportation to work, education, or job training)

☐ Opening, Purchasing, or Expanding a Small Business

* 27. If a participant needs to switch asset goals or wants to use part of their IDA funds to purchase a second asset, would your organization be open to working with them on an asset type you do not regularly offer?

☐ My organization already offers all eligible asset goals.

☐ No.

☐ Yes. (Please list any additional asset goals that apply.)

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Financial Literacy and Asset-Specific Education

Each IDA participant is required to complete both financial literacy education and

asset-specific education before making a withdrawal/asset purchase using their IDA. It is the administrator's responsibility to provide this training to participants or connect them to local or online training courses/curricula.

In the boxes below, please describe the training your organization will provide or connect participants with for financial literacy and each asset type offered by your organization.

Remember: your agency MUST provide or connect participants with financial literacy training and specific training for any asset type(s) you choose to provide.

*** 28. Financial Literacy Education**

Describe the financial literacy education your organization will provide to IDA participants, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

*** 29. Asset Specific Education: Home Purchase**

Describe the asset-specific education your organization will provide to participants using IDA funds to purchase a home, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

* 30. Asset Specific Education: Home Repair

Describe the asset-specific education your organization will provide to participants using IDA funds for owner-occupied home repair, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

* 31. Asset Specific Education: Small Business

Describe the asset-specific education your organization will provide to participants using IDA funds to start, purchase, or expand a small business, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

* 32. Asset Specific Education: Education/Job Training

Describe the asset-specific education your organization will provide to participants using IDA funds for education or job training expenses, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

* 33. Asset Specific Education: Vehicle Purchase

Describe the asset-specific education your organization will provide to participants using IDA funds to purchase a home, including:

- *The name of the curriculum (if applicable) and a description of what topics it covers*
- *Which agency will provide the training (yours or another agency), and who will facilitate*
- *How the training will be facilitated (in-person, online, group setting, one-on-one, self-guided through videos and/or other training materials, etc.)*
- *How the training could be revised to fit the various needs and levels of prior knowledge of participants*

* 34. Plan for Education When Providing Asset Goals Not Usually Offered

You indicated your organization is open to working with participants on asset goals you do not usually offer if needed to help them successfully complete the program.

For each additional asset goal type entered on the previous page, if you already have a particular curriculum or education program you will use, enter that information below using the prompts from your other asset specific education entry/entries above.

If not, what steps will you take to find additional education as needed for these participants?



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Participation History

* 35. Is your organization a current or prior IDA Administrator? If so, for which IDA award(s) did you receive funding? (select all that apply)

- ☐ 2021
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☐ IDA Tax Credit: Any Open Award(s) - *Select this option ONLY if you have IDA funds currently available that have already been raised through any IDA tax credit program award and/or current participants enrolled using IDA tax credit funds from any award.*
- ☐ Closed/Pre-2021 IDA or IDA Tax Credit Award(s) (enter applicable award year(s) in the box below)
- ☐ My organization has never been an IDA Administrator.

36. If you indicated above that your organization has any current open awards, how many accounts do you still have available to fill for each one (accounts that do not currently have participants enrolled) at this time?

- This includes both accounts that have never been filled and any accounts that were initially filled but for which funds were later returned due to participants closing out unsuccessfully.*
- For IDA tax credit awards, enter your total combined balance of remaining match funds that have been raised from the sale of IDA tax credits **across all awards** along with the total number of additional participant accounts you will be able to open with these funds. Do NOT include administrative funds or funds that are already allocated for any current participants' total match.*

Example: 2023: 1 account, 2024: 2 accounts, IDA tax credit: \$9,000/2 accounts

* 37. If your organization is a current or prior IDA administrator (regular or tax credit program), describe your current/recent performance administering the program to participants, including the following information:

- Have you consistently been successful in enrolling and graduating IDA participants by the award closeout date for most or all of your recent awarded IDA accounts?*
- If you have not been successful, please describe any past barriers as well your plan to ensure future success.*

If your organization HAS NOT previously administered the IDA program to participants, describe any relevant experience administering any similar programs.

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IDA Account Request (Regular IDA Program)

Each regular IDA account will be worth a minimum of \$5,250: \$4,500 in match funds for participants and a minimum of \$750 in total administrative funds for your organization (\$500 general administrative funds and \$250 in special administrative incentives you may receive when participants make an asset purchase or successfully complete the program). For the 2025 IDA award, administrative fund amounts are still being finalized but will be at least the amount indicated here.

New organizations and organizations that did NOT open any new IDA participant accounts within the past year will only be approved for a maximum of five (5) IDA accounts for the 2025 IDA award unless authorization for additional accounts has been granted by IHCDA.

Organizations that DID open new IDA participant accounts (across all open awards) are encouraged to ask for no more than 125% of the accounts opened last year. If an organization requests more than 125% of the accounts opened last year, they must provide an explanation regarding how they expect to increase the number of accounts they open to ensure they are able to fill these additional accounts.

Keep in mind that for the regular IDA Program, organizations should fill 75% of awarded accounts within the first year of the program.

If you are a current IDA administrator, IHCDA may also consider your organization's current total number of unused available accounts from prior awards in conjunction with the number of accounts you opened within the past year, in determining the number of accounts you will be awarded.

Reminder: For returning organizations, IHCDA reserves the right to deny applications or limit the number of awarded accounts based on current/recent performance issues (including ongoing/consistent, excessive unused awards and non-compliance) regardless of application score.

* 38. How many total IDA participant accounts did your organization open within the past year? Include accounts from all IDA awards as well as IDA tax credit accounts. If you did not open any accounts or did not participate in IDA last year, enter "0."

Please note that this may be checked against your organization's claims, award tracker(s), and annual reporting as appropriate, so please ensure these are up to date and accessible to IHCD staff.

* 39. How many total regular (non-tax credit) IDA accounts is your organization requesting for 2025?

- *New organizations can request a maximum of 5 accounts.*
- *Keep in mind that organizations should be able to fill 75% of awarded accounts within the first year of the program.*
- *If your organization is ONLY requesting IDA tax credit accounts, enter 0 in the box below.*

Additionally, if IHCD were to offer any "fast-track" accounts for this award round (meaning accounts that would have a two-year timeframe and a closeout date of June 30, 2027), how many of your total requested accounts could be fast-track accounts, and how many would need to be full four-year accounts?

Example: 5 total accounts, 3 of these could be fast-track

40. If you are requesting significantly more IDA accounts than your organization opened last year, please describe your new circumstances or plan to ensure you are able to fill these additional accounts.

Based on your response, if IHCD does not approve your organization's request for an increased number of awarded accounts, your requested accounts may be reduced to either the number of accounts you opened last year or five (5) total accounts.



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IDA Tax Credit Account Request

Organizations interested in administering IDA accounts through the IDA Tax Credit program, either in addition to or instead of the regular IDA Program, may apply for IDA Tax Credits.

The IDA Tax Credit Program is administered to IDA participants almost identically to the traditional IDA Program. The main difference is the way the IDA Tax Credit Program is funded.

Instead of filing claims to request IDA Program funds directly from IHCDA, the IDA Tax Credit Program awards Indiana tax credits to IDA Administrators to use as a fundraising tool. Administrators raise funds by distributing tax credits to donors in exchange for contributions to fund additional IDA accounts beyond the traditional IDA award allocation.

Each IDA account funded with donations raised from the IDA Tax Credit Program is worth \$5,625.00 up to the first \$100,000 in donations: \$4,500 in participant match funds and \$1,125 in administrative funds for organizations. The total allowable amount administrative funds per award is 20% of the first \$100,000 in donations (maximum total admin of \$20,000). After that, additional funds raised for IDA accounts go directly to match.

Please Note: The total requested/awarded IDA Tax Credits should equal 50% (half) of the total donations needed to fund the requested/awarded IDA Tax Credit accounts.

For 2025, the IDA Tax Credit Program will have the following built-in sales benchmarks:

- First Half: 50% of IDA Tax Credit sales will be due by December 31, 2025. If this is not met (as indicated by the donor report due in January 2026), an organization's remaining credits may be deallocated.***
- Second Half: 100% of credits sales will be due by June 30, 2026. If this is not met, an organization's eligible credit amount may be reduced for the 2026 IDA Tax Credit award.***

Not meeting IDA Tax Credit sales benchmarks alone will NOT automatically disqualify an organization from applying for the 2026 IDA award, especially with regard to the regular IDA Program.

* 41. Is your organization requesting IDA Tax Credits for 2025 on this application? If so, how many accounts?

When determining how many accounts to request, please consider your organization's ability to raise required funds and to fill IDA participant accounts.

Keep in mind that for each account you are awarded, you will receive \$2,812.50 in tax credits, which you will leverage to your donors to help you raise the \$5,625.00 in contributions needed to fund that one IDA account.

☐ My organization is not requesting IDA tax credit accounts for 2025.

☐ My organization is requesting the following number of IDA Tax Credit accounts for 2025:



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IDA Tax Credit Account Request (continued)

Remember that each IDA account funded with donations raised from the IDA Tax Credit Program is worth \$5,625.00 up to the first \$100,000 in donations: \$4,500 in match and \$1,125 in administrative funds.

The total allowed administrative funds per award is 20% of the first \$100,000 in donations (maximum total admin per award of \$20,000). After that, additional funds raised for IDA accounts go directly to match.

Please Note: *The total requested/awarded IDA Tax Credits should equal 50% (half) of the total donations needed to fund the requested/awarded IDA Tax Credit accounts. As such, for each account you are awarded, you will receive \$2,812.50 in tax credits, which you will leverage to your donors to help you raise the \$5,625.00 in contributions needed to fund that one IDA account.*

For 2025, the IDA Tax Credit Program will have the following built-in sales benchmarks:

- **First Half:** 50% of IDA Tax Credit sales will be due by December 31, 2025. If this is not met (as indicated by the donor report due in January 2026), an organization's remaining credits may be deallocated.
- **Second Half:** 100% of credits sales will be due by June 30, 2026. If this is not met, an organization's eligible credit amount may be reduced for the 2026 IDA Tax Credit award.

Not meeting tax credit sales benchmarks alone will NOT automatically disqualify an organization from applying for the 2026 IDA award, especially with regard to the regular IDA Program.

* 42. Number of IDA Tax Credits Accounts Requested (from previous page):

* 43. Expected Match Rate (should be 3:1 unless otherwise approved by IHCDA):

* 44. Total Funding Expected to be Spent on Match (# of requested accounts x \$4,500):

* 45. Total Funding Expected to be Spent on Administrative Costs (# of requested accounts x \$1,125; if total is greater than \$20,000, enter \$20,000 in the box):

* 46. Total IDA Tax Credit Funding Needed to Open Requested Number of Accounts (Sum of answers to two previous questions: Total Expected Match Funds + Total Expected Admin Funds)

This is the total amount of funds you will need to raise to sell 100% of your requested IDA Tax Credits in order to fund your total requested number of IDA accounts.

* 47. Total IDA Tax Credit Amount Requested (50% of answer to previous question: Total IDA Tax Credit Funds Needed to Open Requested Accounts ÷ 2):

* 48. If your organization has previously participated in the IDA Tax Credit Program, describe your performance in selling your awarded tax credits, including the following information:

- *Have you have consistently been successful in fundraising/selling most or all awarded credits?*
- *If you have not been successful, please describe any past barriers as well your plan to ensure future success.*

If your organization HAS NOT previously participated in the IDA Tax Credit Program, describe any relevant fundraising experience as well as your plan to successfully sell all awarded tax credits.



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Financial Institution Partner Information

IDA Administrators must have a bank or credit union already chosen as their Financial Institution partner when they apply. Provide that partner's contact information below, which IHCDA will use to ready the Financial Institution MOA for e-signature. The MOA must be finalized within 45 days of the IDA Grant Agreement being finalized in order for the IDA Administrator to make any funding claims.

If you use separate financial institutions for regular IDA participant match accounts, administrative claims deposits, and/or IDA Tax Credit accounts, please enter the information for the financial institution used for regular IDA participant match accounts on this page.

* 49. Financial Institution Name:

* 50. Financial Institution Address:

Street address

Street address line 2

City

State

Zip code

* 51. Financial Institution Phone Number:

* 52. Authorized Financial Institution Staff Member to sign MOA **(enter full legal name as it should appear on MOA):**

Name

Title

Email Address

53. If any other staff member(s) of this financial institution should be copied on the MOA, enter their name(s), job title(s), and email address(es) in the box below.

* 54. For which type(s) of IDA accounts and/or deposits will your organization use the financial institution you have listed on this page? (check all that apply)

- *If you will use more than one financial institution, please make sure the financial institution listed on this page is the one your organization will use for **regular IDA participant savings/match accounts** for the 2025 IDA award.*
- *If you will not participate in the IDA Tax Credit Program, do not check the "IDA Tax Credit Accounts" box.*
- *Based on your responses, you may be directed to enter information for additional financial institution(s) on a separate page.*

☐ Regular IDA Participant Savings/Match Accounts

☐ IDA Administrative Claims Deposits

☐ IDA Tax Credit Accounts



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Financial Institution Partner Information: Administrative Deposits

If your organization will use separate financial institutions for regular IDA participant match accounts, administrative claims deposits, and/or IDA Tax Credit accounts, please enter the information for the financial institution you will use for administrative claims deposits on this page.

* 55. Financial Institution Name:

* 56. Financial Institution Address:

Street address

Street address line 2

City

State

Zip code

* 57. Financial Institution Phone Number:

* 58. Authorized Financial Institution Staff Member to sign MOA (**enter full legal name as it should appear on MOA**):

Name

Title

Email Address

59. If any other staff member(s) of this financial institution should be copied on the MOA, enter their name(s), job title(s), and email address(es) in the box below.

* 60. For which type(s) of IDA accounts and/or deposits will your organization use the financial institution you have listed on this page? (check all that apply)

- *If you will use more than one financial institution, please make sure the financial institution listed on this page is the one your organization will use for **IDA administrative claims deposits** for the 2025 IDA award.*
- *If you will not participate in the IDA Tax Credit Program, do not check the "IDA Tax Credit Accounts" box.*
- *Based on your responses, you may be directed to enter information for additional financial institution(s) on a separate page.*

☐ IDA Administrative Claims Deposits

☐ IDA Tax Credit Accounts

ihcda



Indiana Housing & Community Development Authority

2025 Individual Development Accounts (IDA) & IDA Tax Credit Administrator
Application

Financial Institution Partner Information: IDA Tax Credit Accounts

If your organization will participate in the 2025 IDA Tax Credit Program and will use separate financial institutions for regular IDA participant match accounts, administrative claims deposits, and IDA Tax Credit accounts, please enter the

information for the financial institution you will use for IDA Tax Credit accounts on this page.

* 61. Financial Institution Name:

* 62. Financial Institution Address:

Street address

Street address line 2

City

State

Zip code

* 63. Financial Institution Phone Number:

* 64. Authorized Financial Institution Staff Member to sign MOA **(enter full legal name as it should appear on MOA):**

Name

Title

Email Address

65. If any other staff member(s) of this financial institution should be copied on the MOA, enter their name(s), job title(s), and email address(es) in the box below.

* 66. For which type of IDA accounts will your organization use the financial institution you have listed on this page?

☐ IDA Tax Credit Accounts

ihcda



Indiana Housing & Community Development Authority



2025 Individual Development Accounts (IDA) & IDA Tax Credit Administrator Application

Acknowledgement and Application Certification

* 67. I hereby certify that all information stated herein, as well as any information provided in an accompaniment herewith, is true and accurate. I further certify that I have been authorized to submit this 2025 IDA & IDA Tax Credit Administrator Application by the organization named in this application on behalf of that organization.

☐ I agree.

You may edit this application until it is submitted. In order for the application to be valid, you must click the "SUBMIT" button below.

*If you make a mistake, you may submit a new copy of the application. If more than one application is submitted for the same organization, **only the most recent will be reviewed.***

Prior to submission, you will also have the option of requesting a confirmation email with a link to your responses. It is highly recommended that you do this. If you choose this option, you will be prompted to enter the email address at which you would like to receive this confirmation. If you would like to retain a copy of your responses, please click the link in the confirmation email and print or save your application.

If you request a confirmation email and do not receive it, first check your spam folder, then email ida@ihcda.in.gov if you still need further assistance.

As a reminder, this application will close on Thursday, June 19, 2025. No further submissions will be accepted after that date.

Preliminary award decisions are planned for early to mid-July 2025. Final award approval is tentatively planned to be requested at the IHCD Board of Directors Meeting in late July. All award announcements, as well as any changes to this timeline, will be announced to applicants at the email address(es) provided on their applications.