**IDA Applicant Check List**

**Individual Development Account**

**Participant Application**

Applicants must provide all requested information and documentation in order to be considered for participation in Indiana’s IDA Program. Indiana Housing and Community Development Authority (IHCDA) and its partnering administrating IDA Organizations will keep any information provided confidential. Please TYPE or PRINT legibly.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | |
| **First Name**: |  | | |  | **Last Name**: | |  | |
|  | |  |  | | |  | |  |
|  | |  |  | | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SSN or ITIN**: |  | **Date of Birth**: |  |

**Gender:**  Female  Male

**Marital Status**  **Do you have a disability?**  **Race/Ethnicity**

Single, never married  Yes  African American

Married  No  Asian/Pacific Islander

Separated  Prefer not to Answer  Caucasian

Divorced  Latin/Hispanic

Widowed  Native American

Other

**Employment Status Education:** Highest Level Completed

Full-time  K-5  College-2 or 4 yr. Degree

Part-time  Grades 6-8  Graduate School – Master’s Degree

Self-Employed  Grades 9-11  Graduate- Ph.D.

Unemployed  High School Diploma/GED  Some College- no Degree earned

Retired or Disabled  Vocational/ Technical

Student – Part-time  **Location:**

Student – Full-time  Major Urban Area: Population>1,000,000  Rural/Remote Area  Minor Urban Area: Population<1,000,000  Other

**Do you own a vehicle?**  Yes  No **If yes, how many?**

**If no, what is your mode of transportation?**  Bus  Taxi  Walk  Bike

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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**Credit Score:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Do you currently or have you ever had any of the following?*** |  | **No** | **Yes** |
| **Savings Account** | |  |  |
| **Checking Account** | |  |  |
| ***Do you currently or have you ever had any of the following?*** | | **No** | **Yes** |
| **Household Bills Past Due** | |  |  |
| **Credit Card Balance** | |  |  |
| **Student Loans** | |  |  |
| **Medical Bills** | |  |  |
| **Have you ever been a TANF recipient?** | |  |  |
| **Are you currently receiving TANF?** | |  |  |
| **Are you currently receiving SSI or SSDI?** | |  |  |
| **Do you currently receive the Earned Income Tax Credit (EITC)?** | |  |  |
| **Do you have health insurance?** | |  |  |
| **Do you or have you ever had life insurance?** | |  |  |
| **Have you ever used Direct Deposit?** | |  |  |

**Yes No**

Have you ever had an IDA account before?

**For Internal Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application Complete:** | | Yes  No | **Date Contacted:** | |
| **Application Approved:** | | Approved  Denied | Waitlisted | **Date Approved:** |
| **If Denied, reason why:** |  | | | |
| **IDA Administrator Signature:** |  | | | |