



## Application Form

**Your Community Partner is:**

Quaboag Valley Community  
Development Corporation

### Personal Information

Thank you for taking the time to complete this application. The information you provide will be kept confidential and will be used only to determine if you qualify for the IDA program. If you have any questions about the application process or the IDA program, please contact your Community Partner.

**Social Sec. No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:**  Female **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

#### Race/Ethnicity:

African American  
Latino or Hispanic  
Pacific Islander

Caucasian/White  
Asian  
Native American

Other (please specify): \_\_\_\_\_

**Country of Origin:** (if born outside of the US) \_\_\_\_\_

#### Highest Level of Education Completed:

- |   |   |
|---|---|
| <input type="checkbox"/> Grade K through 5          | <input type="checkbox"/> Attended some or currently enrolled in college   |
| <input type="checkbox"/> Grade 6 through 8          | <input type="checkbox"/> Attained 2 year degree                           |
| <input type="checkbox"/> Grade 9 through 12         | <input type="checkbox"/> Attained 4 year degree                           |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduated or currently attending graduate school |

### Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Street:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How did you hear about this Program?**

Newspaper                      Web/Internet                      DTA                      Radio                      Word of Mouth  
Community Organization (please list: \_\_\_\_\_)      Other (please list: \_\_\_\_\_)

**Household Information**

**How many adults (18yrs and older) currently live in your household:** \_\_\_\_ (include yourself)

**How many children (under 18yrs) currently live in your household:** \_\_\_\_

**Your marital status:**

- Single (never married)                       Married                       Separated  
 Divorced                       Widowed

**Employment Information**

**Applicant Employment Status (choose one):**

- Employed more than full-time                       Employed full-time  
 Employed part-time                       Currently seeking employment  
 Working and in school or job training                       Homemaker, not seeking employment  
 Laid off, waiting for call back                       Disabled, not seeking employment  
 Currently in school or job training                       Retired, not seeking employment

**How long have you been either self-employed or employed at your current job? (If you are working more than one job, please use the job you have been at the longest to answer this question)**

- Less than 6 months       6 months to 1 year       1 year to 2 years       More than 2 years


List all of the members of your household, **including yourself**, and specify if they are employed (full-time, part-time, self-employed) or not employed?

Please include **both** children and adults in the household. If more than 6 please continue on the last page under Additional Information.

<u>Name of Household Member</u>	<u>Currently Employed</u>		<u>Employer Name</u>
1. _____	YES	NO	_____
2. _____	YES	NO	_____
3. _____	YES	NO	_____
4. _____	YES	NO	_____
5. _____	YES	NO	_____
6. _____	YES	NO	_____


## Income Information

Please list the **MONTHLY gross income** (before taxes) of all members of your **household**, listed on the previous page, by the following sources.

Items with the  symbol require supporting documentation. Please see the attached **Application Documentation Checklist**.

 **Formal employment (Wages)** \$ \_\_\_\_\_

 **Self-employment (Selling things you make or providing a service)** \$ \_\_\_\_\_


 **Government assistance (TAFDC,SNAP,SSI, SSDI, etc.)**

Please list each source and the monthly amount you currently receive:


\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

 **Pensions or retirement income** \$ \_\_\_\_\_

 **Child Support** \$ \_\_\_\_\_

 **Worker's Compensation or Unemployment (circle one)** \$ \_\_\_\_\_

 **Investment income** \$ \_\_\_\_\_

 **Other (please specify: \_\_\_\_\_ )** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_


## Miscellaneous Questions


**Do you currently live in state or federally subsidized housing?** Yes No


**Do you currently receive childcare subsidies (vouchers)?** Yes No

## Assets and Liabilities

Please answer the following questions as they relate to your household financial situation. Be sure that if you check YES to any of the following that you put a corresponding amount on the line next to it.

Items with the  symbol require supporting documentation. Please see the attached **Application Documentation Checklist**.

 **Do you own a business?**      Yes      No      Assets of business:      \$ \_\_\_\_\_  
Loans/Liabilities of bus.:      \$ \_\_\_\_\_

 **Do you own stocks, bonds, a 401k, or other investments?**      Yes      No      Value of investments:      \$ \_\_\_\_\_

 **Do you have a personal checking account?**      Yes      No      Amount in account:      \$ \_\_\_\_\_

 **Do you have a personal savings account (other than an IDA)?**      Yes      No      Amount in account:      \$ \_\_\_\_\_

**Do you owe money to friends or family?**      Yes      No      Amount you owe:      \$ \_\_\_\_\_

**Do you have Health Insurance?**      Yes      No

**Do you have Life Insurance?**      Yes      No

## Applicant Personal Statement

**Please explain why you are interested in participating in the IDA Program.**

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## Asset Goal

Please choose one asset goal and fill out the corresponding information regarding your asset choice. Remember, this information is used strictly as a plan to get you thinking of what you want to achieve as an asset. You will not be held to what is written explicitly on this form.

**Apartment or Business Rental.** Describe your family's housing needs and wants or your business space needs:

Number of bedrooms or rooms: \_\_\_\_\_ Desired general location in MA: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_ Do you prefer city or rural residence?    CITY    RURAL

Type of home or business rental space (i.e. apartment, condo, single-family, or store-front etc.):

\_\_\_\_\_

How much do you estimate the apartment or business space you need might cost to rent?  
\$ \_\_\_\_\_

**Small Business Development.** Describe the business you would like to start or expand.

What product or service will/do you sell? \_\_\_\_\_

What will be/is your market? \_\_\_\_\_

What are you saving for? \_\_\_\_\_

How will that help your business? \_\_\_\_\_

Is this a startup or an existing business? STARTUP EXISTING

How much do you estimate you'll need for technology or equipment in order to start or expand your business? \$ \_\_\_\_\_

**Post-Secondary Education or Skills Training Program.** Describe the program you wish to attend

What school? \_\_\_\_\_

What type of degree or program of study? \_\_\_\_\_

Are you currently enrolled in an educational institution or skills training program? YES NO

How much do you estimate it will cost? \$ \_\_\_\_\_

**Household Appliance.** Describe your family's appliance needs

What appliance(s) do you need? \_\_\_\_\_

How much do you estimate it will cost? \$ \_\_\_\_\_

**Household Repair.** Describe your home repair needs

What repair(s) do you need? \_\_\_\_\_

How much do you estimate it will cost? \$ \_\_\_\_\_

**Reliable Car (Trucks or SUVs will not be part of this program unless the applicant can show that such a vehicle is essential).**

Describe your family's car needs. \_\_\_\_\_

Type of car? \_\_\_\_\_ NEW USED

How much do you estimate the car you need might cost to purchase? \$ \_\_\_\_\_

**Down Payment on a House.** Describe your goals and where you are in the home buying process.



How much of a down payment will you need? \_\_\_\_\_

Have you started saving towards a down payment? \_\_\_\_\_

If so, how much do you have saved? \_\_\_\_\_

How much are you looking to spend on a house? \_\_\_\_\_

How many units will the home have? \_\_\_\_\_

Have you taken a first time home buyers course? \_\_\_\_\_

When do you plan to purchase a home? \_\_\_\_\_

## Accessibility Questions

1) Do you have access to reliable internet to participate in online financial education workshops?

Yes No

2) Do you have access to a desktop/laptop computer for sessions held on Zoom?

Yes No

3) If you do not have access to a computer, how do you typically access the internet? (Choose 1)

Tablet Smartphone

## Applicant Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I acknowledge that I have received a copy of The Midas Collaborative Matched Savings Program Policies and Procedures. Further, I understand that I am bound by these policies and procedures and subject to their implementation.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Information: