



# Native American Youth and Family Center

5135 NE Columbia Boulevard, Portland, Oregon 97218  
 P (503) 288-8177 | F (503) 288-1260 | www.nayapdx.org

<b>Office Use Only:</b>	
Date Application Received	___/___/___
Application Approved/Denied (circle one)	
Date	___/___/___ Staff Initials _____
Outcome Tracker	
Date	___/___/___ Staff Initials _____

## Youth Individual Development Account Application

### APPLICANT INFORMATION

<b>First Name:</b>	<b>Last Name:</b>	<b>Middle Initial</b>
<b>Nickname(s):</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Two Spirit <input type="checkbox"/> Male	<b>Date of Birth:</b> /    /    /
<b>Phone:</b>		<b>Alternate Phone:</b>
<b>Email:</b>		

### HOUSING SITUATION

<b>Address:</b>		<b>Apt. No.:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>County of residence:</b>
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Youth living with family members <input type="checkbox"/> Group Home <input type="checkbox"/> Other: _____	<b>How long have you lived at this address?</b>		
<b>Are you living in foster care?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, have you ever lived in foster care?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SELF IDENTIFICATION

<input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____	<b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Country of origin (birth):</b>	Do you prefer to read in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please indicate your preferred language:
<b>Have you been involved in the criminal justice system?</b> <i>(a yes answer will not disqualify you from the program)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please explain:</b> _____ _____ _____
<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you identify as having a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD INFORMATION**

The IDA Account will be open in one person’s name. However, we request information regarding everyone in the household so we may better serve you. Please list all persons in your household. If you have questions regarding who to include, please consult with the IDA Program Specialist.

<p><b>Marital Status:</b></p> <p><input type="checkbox"/> Single    <input type="checkbox"/> Divorced    <input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated    <input type="checkbox"/> In a Domestic Partnership</p>	<p><b>Family Type:</b></p> <p><input type="checkbox"/> Single Person    <input type="checkbox"/> Single Mom    <input type="checkbox"/> Single Dad    <input type="checkbox"/> Other</p> <p><input type="checkbox"/> 2 or more adults, no kids    <input type="checkbox"/> 2 Parent Household with Children</p>
<p><b>Family Members:</b></p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____ Age: ____ Relationship _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>No. of adults (18 and over) living in household: _____</p>	<p>No. of children (18 and under) living in the household _____</p>
<p>Are you (or your partner) currently expecting? <span style="float:right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>	

**MONTHLY EXPENSES, ASSETS AND LIABILITIES**

**MONTHLY EXPENSES:**

Monthly Debt Payments	\$	Medical Expenses	\$
Rent/Mortgage	\$	Child Care	\$
Groceries	\$	Transportation costs (car payment, gas, bus pass, etc.)	\$
Utilities (heat, gas, electric, cable TV)	\$	Personal hygiene	\$
Phone (local and long distance, cell)	\$	Other Monthly Expense:	\$
Clothes and Laundry	\$	Other Monthly Expense:	\$
Insurance Payments (car, health, etc)	\$	Other Monthly Expense:	\$
<b>Total Monthly Expenses:</b>			\$

**ASSETS AND LIABILITIES**

This section is used to list values of everything you own and every debt you owe. Please include the total amount of all debt, including debt on which you are currently **not** making payments.

ASSETS (WHAT YOU OWN)				LIABILITIES (WHAT YOU OWE)				
Do you own the following and what is the value?			Assets Total:	What is the amount you owe?			Liabilities Total:	Minimum Monthly Payment:
Vehicle 1:	Vehicle 2:	Vehicle 3:		Vehicle 1:	Vehicle 2:	Vehicle 3:		
Home 1:	Home 2:	Home 3:		Mortgage 1:	Mortgage 2:	Mortgage 3:		
Cash:				Auto loans:				
Certificates of Deposit:				Unpaid Income/Property Taxes:				
Saving Accounts:				Child Support:				
Checking Account:				Credit Cards:				
Retirement 401K/IRA:				Store Credit:				
Stocks/Bonds (not retirement):				Personal Lines of Credit:				
Other Investments:				Medical Debt:				
Per Capita Trust:				Personal Debt (to family/friends):				
Trust Fund:				Student Loans:				
Children's Savings Accounts/Certificates of Deposit:				Collections:				
Other Assets:				Other Debt:				
Other Assets:				Other Debt:				
Other Assets:				Other Debt:				
<b>Total Assets:</b>				<b>Total Liabilities:</b>				

**Office Use Only:** Full Net Worth: \$ \_\_\_\_\_

**EMPLOYMENT INFORMATION**

*Please do not leave any blanks, indicate N/A if not applicable. Attach additional sheets as needed.*

**EMPLOYMENT STATUS OF PARTICIPANT:**

- Employed more than full time (41+ hours)
- Employed full time (35-40 hours)
- Employed part time (up to 35 hours)
- Self Employed
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, volunteer

**PARTICIPANT EMPLOYER 1:**

Company Name:	Position/Type of Work:
City:	Start Date:
<b>Monthly</b> Gross Income:	Average Hours per Week:

**PARTICIPANT EMPLOYER 2:**

Company Name:	Position/Type of Work:
City:	Start Date:
<b>Monthly</b> Gross Income:	Average Hours per Week:

**SOURCES OF INCOME YOU RECEIVE**

*(Indicate total amount for past 12 months)*

Source	TOTAL	Source	TOTAL	
Per Capita:		Retirement/Pension (current account total):		
Social Security (SSI/SSD):		Auxiliary/Dependent Benefits (youth in house receiving benefits):		
Child Support:		Other General Government Assistance:		
Unemployment Insurance:		Other Income:		
Oregon Health Plan:		Other Income:		

**Office Use Only:**  
 Applicant Annual Income: \_\_\_\_\_ Total Savings Eligibility: \_\_\_\_\_

**SUPPORTIVE SERVICES RECEIVED:**

Do you receive any supportive services?  Yes  No  
If yes, please check all that apply:

- Food Stamps \$ \_\_\_\_\_
- TANF
- WIC
- Federal and State Earned Income Tax Credit (EITC, if received during latest tax season)
- State Working Family Child Care Tax Credit (if received during latest tax season)
- Employer Related Daycare
- Free or Reduced School Lunch
- Low Income Energy Assistance Program (LEAP)
- Head Start
- Emergency Food Assistance (within the last 12 months)
- Federal Housing Assistance (Section 8/Public Housing/Low Income Housing)
- Vocational Rehabilitation

**HEALTH INSURANCE:**

- Oregon Health Plan
- No Insurance
- Private Insurance
- Employer Provided/Subsidized

**OTHER INFORMATION**

Asset Goal:  Rental Deposits  Micro Enterprise  Post Secondary Education  
 Health Care  Transportation

Do you currently have an IDA account?  Yes  No  
Does anyone in your household have an IDA account?  Yes  No  
Have you ever had an IDA account?  Yes  No

If yes, with what program and how much match money did you receive? \_\_\_\_\_

Have you attended a Financial Literacy class?  Yes  No

If yes, please provide the date, location/organization, and length of class:

Date: \_\_\_\_\_ Agency/Location: \_\_\_\_\_ Length (hours): \_\_\_\_\_

Do you know your credit score?  Yes  No

If yes, what is it? \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No

When? \_\_\_\_\_ Which type? \_\_\_\_\_

How were you referred to the NAYA Family Center Youth IDA Program? \_\_\_\_\_

**ACCOMPANYING DOCUMENTS**

This application is not complete unless accompanied by the following documents, incomplete applications will be returned and not processed:

- Two most recent month income verification
- Copy of applicant’s driver’s license, State ID, or birth certificate (School ID permissible for initial entry)
- If applicant under 18 copy of parent/ guardian driver’s license, State ID, or birth certificate
- Additional documents as requested by the Resource Navigator Coach

**BY SIGNING BELOW**

- I certify that all the statements made on this application are true to the best of my knowledge.
- I authorize NAYA Family Center to pull my credit report to be used for counseling and statistical purposes upon entrance to the program and upon exit of the program.
- I understand the above information will be kept confidential.
- I agree to complete a release of information.

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Parent/Guardian Signature (if applicant under 18)

\_\_\_\_\_

Date