



Native American Youth and Family Center

5135 NE Columbia Boulevard, Portland, Oregon 97218
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Office Use Only:	
Date Application Received	___/___/___
Application Approved/Denied (circle one)	
Date	___/___/___ Staff Initials _____
Outcome Tracker	
Date	___/___/___ Staff Initials _____
MFI:	_____ %

Individual Development Account Application

Applicant Information

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

Housing Situation

Address:		Apt. No.:	
City:	State:	Zip code:	County of residence:
<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: _____	How long have you lived at this address?		
Are you a youth living in foster care?		<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 _____	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of origin (birth):	Do you prefer to read in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please indicate your preferred language:
Do you identify as a...	Location:
<input type="checkbox"/> Year-round Farm worker <input type="checkbox"/> Migrant Farm worker <input type="checkbox"/> Seasonal Farm worker <input type="checkbox"/> None of these	<input type="checkbox"/> Urban <input type="checkbox"/> Reservation <input type="checkbox"/> Rural <input type="checkbox"/> Suburban
Are you a veteran?	Do you identify as having a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information

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

<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> In a Domestic Partnership</p>	<p>Family Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Single Mom <input type="checkbox"/> Single Dad <input type="checkbox"/> Other <input type="checkbox"/> 2 or more adults, no kids <input type="checkbox"/> 2 Parent Household with Children</p>
<p>Family Members:</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>

Monthly Expenses, Assets and Liabilities

MONTHLY EXPENSES:

Monthly Debt Payments	\$	Medical Expenses	\$
Rent/Mortgage	\$	Child Care	\$
Groceries	\$	Alimony/Child Support	\$
Utilities (heat, gas, electric, cable TV)	\$	Personal and Grooming	\$
Phone (local and long distance, cell)	\$	Other Monthly Expense:	\$
Clothes and Laundry	\$	Other Monthly Expense:	\$
Insurance Payments (car, health, etc)	\$	Other Monthly Expense:	\$
Total Monthly Expenses:			\$

ASSETS AND LIABILITIES

This section is used to list values of all financial assets and amount of all debts. Please include the total amount of all debt, including debt on which you are currently **not** making payments. *Program eligibility excludes one home and one vehicle.*

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:				
CD's:				Unpaid Income/Property Taxes:				
Saving Accounts:				Child Support:				
Checking Account:				Credit Cards:				
Business Bank Accounts:				Store Credit:				
Business Assets/Inventory:				Personal Lines of Credit:				
Retirement 401K/IRA:				Medical Debt:				
Stocks/Bonds (not retirement):				Personal Debt (to family/friends):				
Other Investments:				Business Debt:				
Per Capita Trust:				Student Loans:				
Trust Fund:				Collections:				
Children's Savings Accounts/CDs:				Other Debt:				
Other Assets								
Total Assets:				Total Liabilities:				

Office Use Only: Full Net Worth: \$ _____ IDA Eligible Net Worth: \$ _____

Education

<p>Highest level of education completed:</p> <p> <input type="checkbox"/> Grade K-5 <input type="checkbox"/> Grade 6-8 <input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Attended Graduate School <input type="checkbox"/> Two Year Degree <input type="checkbox"/> College Graduate (4-Year College) <input type="checkbox"/> Graduate Degree </p>	<p>School status:</p> <p> <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Enrolled, full time <input type="checkbox"/> Enrolled, part time </p>
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Employment Information

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

EMPLOYMENT STATUS OF PARTICIPANT:

- | | |
|---|---|
| <input type="checkbox"/> Employed more than full time (41+ hours) | <input type="checkbox"/> Unemployed, looking for work |
| <input type="checkbox"/> Employed full time (35-40 hours) | <input type="checkbox"/> Unemployed, disabled |
| <input type="checkbox"/> Employed part time (up to 35 hours) | <input type="checkbox"/> Unemployed, volunteer |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Unemployed or retired-not looking for work |

PARTICIPANT EMPLOYER 1:

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

PARTICIPANT EMPLOYER 2:

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

EMPLOYMENT OF ADDITIONAL HOUSEHOLD MEMBERS:

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

EMPLOYMENT OF ADDITIONAL HOUSEHOLD MEMBERS:

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

Office Use Only:		
Applicant Annual Income: _____	Other Household Income: _____	Total Household Income: _____

Sources of income you receive:

(Indicate total amount for past 12 months.)

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

OTHER SUPPORTIVE SERVICES RECEIVED:

Does anyone in your household 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 past 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: (Check one) Home purchase Micro Enterprise Post Secondary Education

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? _____

How were you referred to the NAYA Family Center 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 for all household members (include all forms of income)
- Copy of applicant’s driver’s license, State ID, or birth certificate
- If applicant under 18 copy of parent/ guardian driver’s license, State ID, or birth certificate
- Copy of last year’s federal tax return (exception may be granted)
- Additional documents as requested by IDA Program Coordinator
- Copy of tribal disbursement if applicable

Verification/Authorization

Are you or a family member an employee or volunteer for the NAYA Family Center? (Family members include: spouses, siblings (including half-siblings), parents, grandparents, children (including adopted children), grandchildren, great grandchildren, and the spouses of all aforementioned family members.)

- Yes No (checking “yes” does not disqualify you)

By Signing below:

- I certify that all the statements made on this application are true to the best of my knowledge. If it is determined by IDA program staff that the information provided is purposefully false, your acceptance in the program will be revoked and you will be disqualified from future participation in the IDA program.
- 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