

# FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA

## F.A.I.M. New Participant Application Form Revised: 6/12/07

**OFFICE USE ONLY** Agency Name \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_ Date of 1<sup>st</sup> Deposit \_\_\_\_\_ Asset \_\_\_\_\_  
 Write the Appropriate Funder Category and Grant Number \_\_\_\_\_

Prefix (Mr., Mrs., Ms., Miss): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Suffix (I, II, III, IV, JR., SR.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Alternate Phone:(\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Number of Adults in Household (18 and over): \_\_\_\_\_ Number of Children in Household (17 and under): \_\_\_\_\_

**Household Members** (All individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals.)

Prefix	First Name	Middle Initial	Last Name	Suffix	Date of Birth	Relation

Please provide information of contacts that would definitely know where you live, even if you move: \_\_\_\_\_ (Home/Work)

Last Name	First Name	Relation	Email	Area Code	Phone Number	Ext.	Type	or cell)
				(____)				
				(____)				
				(____)				

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ Age at time of Enrollment: \_\_\_\_\_

**Ethnicity** check one of the following: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_

**Race** check one that best applies to you: Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_

Latino or Hispanic \_\_\_\_\_ Caucasian/White \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian American \_\_\_\_\_

**Multi Race:** American Indian/Alaska Native and White \_\_\_\_\_ Asian and White \_\_\_\_\_

Black/African American/Haitian and White \_\_\_\_\_

American Indian/Alaska Native and Black/African American/Haitian Other Multiple Race (please specify): \_\_\_\_\_

Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Country of Origin \_\_\_\_\_

**Marital Status:**

- \_\_\_\_\_ Single, never married
- \_\_\_\_\_ Married
- \_\_\_\_\_ Separated
- \_\_\_\_\_ Divorced
- \_\_\_\_\_ Widowed
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_

**Highest Level Of Education:**

- \_\_\_\_\_ Grade K-5
- \_\_\_\_\_ Grade 6-8
- \_\_\_\_\_ Grade 9-11
- \_\_\_\_\_ High School Diploma
- \_\_\_\_\_ Vocational School
- \_\_\_\_\_ Some College
- \_\_\_\_\_ AA Degree (2 year degree)
- \_\_\_\_\_ BA/BS (4 year degree)
- \_\_\_\_\_ Some graduate school
- \_\_\_\_\_ MA/MS Graduate Degree
- \_\_\_\_\_ GED

**Citizen:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Eligible Non-Citizen:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Disability:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Residence:**

- \_\_\_\_\_ Major Urban Area (Twin Cities Metro Area)
- \_\_\_\_\_ Minor Urban Area (population less than 1,000,000)
- \_\_\_\_\_ Remote Area
- \_\_\_\_\_ Rural Area (population less than 2,500)

- Have you ever been a recipient of TANF (MFIP) or AFDC? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you presently TANF (MFIP) recipient? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you currently receive SSI or SSDI? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_
- Do you currently receive food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_
- Were you eligible for the Federal Earned Income Tax Credit last year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you received the Federal Earned Income Tax Credit this year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you received the State Working Family Tax Credit this year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you currently have Direct Deposit for your pay checks? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Will you use Direct Deposit for your IDA/FAIM account? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have life insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you have an existing relationship with the organization prior to enrollment in the IDA program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Were you referred to the IDA program by another organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Referring Source: \_\_\_\_\_

**Employment status:**

- Self-Employed full-time
- Employed full-time (35-40 hours)
- Employed part-time (up to 35 hours)
- Working and in School
- Currently in school or job training program
- Self-Employed part-time
- Unemployed
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

**Monthly gross earned income of household by source: (must have Earned Income for program enrollment)**

You	Other adults in household
\$ _____	\$ _____ Formal Employment Employer(s): _____
\$ _____	\$ _____ Self Employment (selling things you make, doing laundry, sewing, child care, etc.)
\$ _____	\$ _____ Unemployment benefits
\$ _____	\$ _____ Pensions or retirement income
\$ _____	\$ _____ Veterans benefits
\$ _____	\$ _____ Friends or family
\$ _____	\$ _____ Investment income
\$ _____	Other income (Please specify: _____)
\$ _____	<b>Total Monthly Income (1 month)</b>
\$ _____	<b>Total Annual Income (12 months)</b>

Please check off the type of proof you will submit to verify your income. You will need to submit one of the following forms of proof:

Three previous months of pay stubs     
  Previous year's tax return     
  Previous year's W-2 forms

For proof of Government Assistance and income from friends or family you will need to provide additional documentation

Public benefit award letter     
  Notarized letter from family or friend stating dollar amount of support, time period of support

**Other sources of income used to determine 200% of poverty eligibility:**

\$ \_\_\_\_\_ Alimony per month

\$ \_\_\_\_\_ Child Support per month

\$ \_\_\_\_\_ SSI/SSDI per month

\$ \_\_\_\_\_ **Total monthly extra income**

\$ \_\_\_\_\_ **Total Annual Extra Income**

**Assets and Liabilities:**

How many vehicles do you own? \_\_\_\_\_

Do you own a principal residence?  Yes  No  
 Do you own other homes?  Yes  No  
 Do you own a business?  Yes  No  
 Do you own other property or land?  Yes  No

**Assets**

Vehicle 1 Value \$ \_\_\_\_\_  
 Vehicle 2 Value \$ \_\_\_\_\_  
 Vehicle 3 Value \$ \_\_\_\_\_  
 Home Value \$ \_\_\_\_\_  
 Other Home Value \$ \_\_\_\_\_  
 Business Value \$ \_\_\_\_\_  
 Property Value \$ \_\_\_\_\_

**Liabilities**

Vehicle 1 Loan Balance \$ \_\_\_\_\_  
 Vehicle 2 Loan Balance \$ \_\_\_\_\_  
 Vehicle 3 Loan Balance \$ \_\_\_\_\_  
 Mortgage Balance \$ \_\_\_\_\_  
 Other Homes Loan Balance \$ \_\_\_\_\_  
 Business Loan Amount \$ \_\_\_\_\_  
 Property Loan Amount \$ \_\_\_\_\_

Do you own stocks or bonds?  Yes  No  
 Do you have a 401(K), IRA, or other investments?  Yes  No  
 Do you have a checking account?  Yes  No  
 Do you have a savings account?  Yes  No  
 (Other than IDA)  
 Do you owe money to friends/family?  Yes  No  
 Do you have past due household bills?  Yes  No  
 Do you have a credit card/cards?  Yes  No  
 Do you have a personal loan?  Yes  No  
 Do you have student loans?  Yes  No  
 Do you have medical bills?  Yes  No  
 Do you have a payday loan?  Yes  No

\$ \_\_\_\_\_ Stocks & Bonds Value  
 \$ \_\_\_\_\_ Investment Value  
 \$ \_\_\_\_\_ Account Balance Where? \_\_\_\_\_  
 \$ \_\_\_\_\_ Account Balance Where? \_\_\_\_\_  
 \$ \_\_\_\_\_ Amount Owed Who? \_\_\_\_\_  
 \$ \_\_\_\_\_ Amount Past due  
 \$ \_\_\_\_\_ Credit Card Balances How many? \_\_\_\_\_  
 \$ \_\_\_\_\_ Personal Loan Balance  
 \$ \_\_\_\_\_ Student Loan Balance (report even if not paying on currently)  
 \$ \_\_\_\_\_ Medical Bills Amount Due  
 \$ \_\_\_\_\_ Payday Loan Balance Where? \_\_\_\_\_

Monthly Mortgage or Rent (include escrow payment for taxes and insurance) \$ \_\_\_\_\_  
 Monthly Auto or Other Installment Loan Payments (Student Loans, Personal Loans) \$ \_\_\_\_\_  
 Minimum Monthly Credit Card Payments \$ \_\_\_\_\_  
 Minimum Line of Credit Payments \$ \_\_\_\_\_  
 Monthly Alimony and Child Support Payments \$ \_\_\_\_\_  
 Monthly Tax and Legal Assessments \$ \_\_\_\_\_  
 Utilities Payments (electricity\$ \_\_\_\_\_ gas\$ \_\_\_\_\_ water\$ \_\_\_\_\_ trash\$ \_\_\_\_\_) \$ \_\_\_\_\_  
 Household Items (food, laundry, transportation) \$ \_\_\_\_\_  
 Other Fixed Monthly Payments (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Total Gross Monthly Income \$ _____	Monthly Debt Payments \$ _____
	Total Gross Yearly Income \$ _____	Debt-to-Income Ratio _____ %
	Area Median Income \$ _____	Verified by: _____
Credit Score _____ Source: Equifax TransUnion Experion Tri-Merge		

