

Enrollment

Personal Information

Date: _____

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Contact Phone: (____) _____ - _____ Work: (____) _____ - _____

Social Security Number: _____ - _____ - _____

Birth date: ____ / ____ / ____ E-mail: _____

Please provide the name and address of a relative who would definitely know where you live even if you move:

Alternate contact: (full name) _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Primary phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Asset Goal

Home Purchase Home Repair Education/Job Training Small Business

Do you have an existing relationship with Argenta CDC prior to the IDA program? Yes No

Have you ever or are you currently participating in an IDA program in Arkansas? Yes No

How did you learn about the AAIDAP:

Print Ad Television Website/Email
 Argenta Staff Radio Ad Referral (Who): _____
 Presentation Argenta CDC Board Member Other (Explain): _____

Demographics

Race:

American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American Other: _____
 Hispanic or Latino

Gender: Female Male

Marital status: Single Married Separated Divorced Widowed

Highest level of education:

K-5 6-8 9-12 HS or GED Some college # years _____ 2 yr degree
 4 yr degree Graduate school or beyond

Adults in your household: (over 18 years, including yourself) _____ **Children:** (under 18) _____

Birth year(s) of child(ren): _____

Employment status:

- Full-time plus (OT or 2nd job) Full-time Part-time
- Working & in school Disabled, not seeking job Retired, not seeking job
- Homemaker, not seeking job Currently seeking employment Laid-off, waiting for call back

Employer

Current Employer/Self-Employed

Company Name: _____

Position: _____

Employment Dates (month/year) _____

Wage: \$ _____ hourly weekly bi-weekly twice month monthly

Secondary Employer/Self-Employed

Company Name: _____

Position: _____

Employment Dates (month/year) _____

Wage: \$ _____ hourly weekly bi-weekly twice month monthly

Benefits

Have you ever received TANF (food stamps/TEA) Yes No Not Sure

Do you currently receive TANF? Yes No Not Sure

Do you currently receive SSI or SSDI? Yes No Not Sure

Do you have health insurance? Yes No Not Sure

Do you have life insurance? Yes No Not Sure

Will you use direct deposit for your IDA? Yes No Not Sure

Income Information

Monthly gross income of participant's household by source. (Please provide documents for all sources of income that you receive.)

Source (participant)	Income
Formal employment	\$
Self-employment	\$
Investment income	\$
Government assistance	\$
Child support/alimony	\$
Friends or family	\$
Other:	\$

Financial Statement

Do you...	Yes	No	Assets		Liabilities		Monthly
Own a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle value:	\$	Loan amount:	\$	\$
Make:	Model:		Year:				
Own your home?	<input type="checkbox"/>	<input type="checkbox"/>	Market value:	\$	Mortgage amount:	\$	\$
Rent your home?	<input type="checkbox"/>	<input type="checkbox"/>			Rent amount:	\$	\$
Own a business?	<input type="checkbox"/>	<input type="checkbox"/>	Business value:	\$	Loan amount(s):	\$	\$
Own residential property or land?	<input type="checkbox"/>	<input type="checkbox"/>	Property value:	\$	Loan amount(s):	\$	\$
Own stocks, bonds, 401k, or other investments?	<input type="checkbox"/>	<input type="checkbox"/>	Total value:	\$			
Have a checking account?	<input type="checkbox"/>	<input type="checkbox"/>	Total amount:	\$			
Have a savings account?	<input type="checkbox"/>	<input type="checkbox"/>	Total amount:	\$			
Owe money to family or friends?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
Have past-due household bills?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
Owe money on credit cards?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
Owe money on student loans?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
Owe money on medical bills?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
Have other bills not listed?	<input type="checkbox"/>	<input type="checkbox"/>			Amount owed:	\$	\$
			Total assets	\$	Total liabilities	\$	\$

Other Information

Please note, that you **will not be ineligible** for the program if you answer yes to any of the following questions. Through open conversations about your finances, it is our goal to provide you with financial tools to assist you in building long term assets.

Have you ever filed bankruptcy? Yes No If yes, when (month/year) _____

Has the bankruptcy been discharged? Yes No If yes, when (month/year) _____

Do you have any outstanding collections? Yes No # _____

Are you a co-signer on any loans beside your own? Yes No

Have you obtained a credit report within the last year? Yes No

If your asset goal is home purchase, are you a first time homebuyer (haven't owned a home in the last three years) Yes No

Have you had a foreclosure? Yes No If yes, when (month/year) _____

My signature below:

- Certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.
- Information in this application will only be used to evaluate eligibility for the AAIDAP and does not ensure acceptance into the program.
- I give Argenta Community Development Corporation authorization to use my image in marketing material.
- I give Argenta Community Development Corporation authorization to obtain a scored credit report knowing the report **will not make me ineligible** for AAIDAP. If I am seeking to purchase a home or start or expand a small business, the credit report will be used as a guide to develop an action plan, if needed, to address credit issues that affect my asset purchase. I will also receive a copy of this credit report.

Signature

Date

AAIDAP Staff Use Only	
Date application received:	_____
Reviewed by:	_____ (initials) _____
Date orientation:	_____
Accepted into AAIDAP:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If denied, reason:	_____ _____ _____
Program:	<input type="checkbox"/> 1 -DWS <input type="checkbox"/> 2-AFI
Date participant agreement signed:	_____
Financial Institution:	<input type="checkbox"/> Simmons <input type="checkbox"/> Hope
Date opened IDA Account:	_____