

Camden County OEO
900 Haddon Avenue, Suite 225
Collingswood, NJ 08108
(856) 962-6911

IDA APPLICATION CHECK LIST

Date: _____

- Client Name: _____
- Prescreening Application
- Potential Participant Application
- 2 Current Pay Stubs
- Photo ID
- Employer: _____
- Income Amount: _____
- Number of Children: _____
- Comments: _____

- Intake Site: _____
- Intake Signature: _____

Note: Please ensure applications are entirely complete



**Camden County Council On Economic Opportunity
Individual Development Account (IDA) Program
Participant Application**



Community
Affairs

CCCOEO's Individual Development Account (IDA) Program has been designed to assist TANF and other low-income working people in saving money to achieve long-term financial goals. If you are currently employed and your income is within the program guidelines (see program brochure), you may be eligible to apply for acceptance into the program. Please complete this application clearly. Provide copies of your last two pay stubs with proper identification and return it to the site Intake Worker. Applications MUST be fully completed before consideration is made.

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone- Home: _____ Work: _____ Pager/Cell: _____

Name of relative who would know where to contact you if you moved: _____

Address of Relative: _____ Phone #: _____

Ethnicity: African-American Caucasian Latino or Hispanic
 Native American Asian, Pacific Islander Other _____

Language spoken in household: _____ If not English, is English spoken well? Yes No

Marital Status: Single (never married) Married Divorced Widowed Separated

Housing: Own Rent Live with relatives Other _____

Are you participating in public and/or subsidized housing? Yes No

If yes, what type of assistance are you receiving? _____

Highest level of education completed: Grades K through 5 Grades 6 through 8
 Grade 9 through 12/non-graduate High School Diploma/GED
 Some College 2-year/Associates Degree
 4-year/Bachelor's Degree Attended Graduate School

Did you have an existing relationship with CCCOEO? Yes No

Were you referred to the IDA Program by another organization? Yes No

If yes, what organization? _____

Would anything keep you from attending trainings and/or workshops (i.e. childcare, transportation, employment, etc.)?

Please explain: _____

Do you have any special needs staff members should know about? Yes No

If yes, please explain: _____



Camden County Council On Economic Opportunity, Inc.
Individual Development Account (IDA) Program

Prescreening Application

CCCOEO's Individual Development Account (IDA) Program has been designed to assist TANF and other low-income working people in saving money to achieve long-term financial goals. The Prescreening Application allows us to determine whether or not you can become a potential applicant. Please complete this brief questionnaire clearly and return it to the site Intake Worker.

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone- Home: _____ Work: _____ Pager/Cell: _____

Best time to call: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Which of the three permissible IDA uses are you most interested? (Please select only one. Answers are not binding)

- Post Secondary Education Start a Small Business Buy Home

Are you currently working 35 or more per week? Yes No

If yes, how long have you been working 35 or more per week?

- Less than 6 months 6 mos. to 1 year 1 to 2 years 2 to 3 years 4 or more years

If no, please explain why:

Please list your last two most recent jobs (including all current employers).

Employer	Address	Phone	Contact Person	Gross Income	Start/End Date

How much do you think you can afford to save each month?
 \$25 \$50 \$75 \$100 \$125

How long would you like to save?
 6 mos. 1 year 18 mos. 2 years 30 mos. 3 years

EMPLOYMENT INFORMATION

Present employment status (choose one)

- | | |
|---|--|
| <input type="checkbox"/> Employed more than full-time (overtime and/or 2nd job) | <input type="checkbox"/> Employed full-time (35-40 hours per week) |
| <input type="checkbox"/> Employed part-time (less than 35 hours per week) | <input type="checkbox"/> Currently seeking employment |
| <input type="checkbox"/> Working and in school or receiving job training | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Student Only | <input type="checkbox"/> Laid off, waiting for call back |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |

Present Employer: _____

Street Address: _____ Suite/Room: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____ Title: _____

Previous Employer: _____

Street Address: _____ Suite/Room: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____ Title: _____

Are you attending school/training: Full-time? Yes No Part-time? Yes No

College/Training Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

- | | |
|---|--|
| Have you ever been a recipient of TANF or AFDC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently a TANF/AFDC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently receive SSI or SSDI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently receive Food Stamps? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive Title 19 or Medicaid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List all household members besides yourself. Be sure to list everyone who lives with you and their source of income, including children and other dependents, even if they are not receiving income. (Sources of income include: Employment, Child Support, Social Security, Unemployment, Workman's Comp., Veteran's Benefits, Disability, Alimony, TANF, etc.)

Name	Relationship to Applicant	Age	Gross Income	Source of Income (see list of above)

*Use additional sheet if necessary.

Average Monthly Expenses

Please list the amount of your average monthly expenses.

Rent/Mortgage \$ _____	Car Insurance \$ _____	Car Payment \$ _____
Credit Cards \$ _____	Life Insurance \$ _____	Home Phone \$ _____
Child Support \$ _____	Alimony \$ _____	Day Care \$ _____
Water/Sewer \$ _____	Gas/Electric \$ _____	Medical/Health \$ _____
Student Loan(s) \$ _____	Other Loan(s) \$ _____	Cable \$ _____
Cellular/Pager \$ _____	Other \$ _____	Other \$ _____

ASSETS

Do you have/own any of the following assets?

Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle value \$ _____	Outstanding balance \$ _____
Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home value \$ _____	Outstanding balance \$ _____
Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business value \$ _____	Loan for business \$ _____
Other real estate property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property value \$ _____	Loan for property \$ _____
Investments (i.e. stocks, bonds, IRA, 401k, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of Investments \$ _____	
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount in account \$ _____	
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount in account \$ _____	

LIABILITIES

Do you owe/have any of the following liabilities?

Owe money to family/friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Owed _____
Past due household bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount past due _____
Carrying a balance on credit cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of balance _____
Outstanding student loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Outstanding balance _____
Outstanding medical bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Outstanding balance _____
Health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Life insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPLICANT PERSONAL STATEMENT

Explain why you are interested in participating in the IDA Program and what you wish to gain from this program?

What other information, if any, would you like us to know about you? Please include information you feel would be beneficial in evaluating your application.

APPLICANT CERTIFICATION

PLEASE NOTE:

- ✓ All information requested on this application form will be kept confidential.
- ✓ Incomplete applications will NOT be considered.
- ✓ All questions must be fully answered.
- ✓ Proof of income must be provided (last two pay stubs along with proper identification).
- ✓ Income will be verified should you be accepted into the IDA Program

By signing this application, I certify that all information is accurate and complete to the best of my knowledge.

Signature of Applicant

Date

PARENTAL/GUARDIAN CONSENT

* Applicants under the age of 18 must have the consent of a parent/guardian *

By signing this application, I certify that I am the parent/guardian of the minor applicant on this application, and I consent to the applicant's participation.

Signature of Parent/Guardian

Date

Name of Parent/Guardian (please print)

◆ FOR OFFICE USE ONLY ◆

Intake Worker Recommendation(s)		
Intake Worker Signature	Intake Site	Date Received
Program Manager/Director Recommendations		
Program Manager Signature	Date Received	Date Processed
Does Applicant meet the qualifications needed to participate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is further follow-up needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this applicant be approved for participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY, INC.

Dollar to Dollar Individual Development Account

Saving Plan Agreement

Agreement Between

Camden County Council on Economic Opportunity, Inc

and

(Please *Print* Participant's Name)

IDA Participant:

1. Participant agrees to become a member of Camden County County Council On Economic Opportunity, Inc.'s IDA Program.
2. Participant agrees to make a minimum deposit of **\$25 or \$167 per month for a minimum of six months and a maximum of two years**. The amount deposited must be earned by the Participant.
3. Participant herein agrees to make a monthly deposit in the amount of \$_____ by the _____ day of each month.
4. Participant agrees to complete an economic literacy program and to attend case management sessions when required.
5. **Any Participant with goal of starting a business agrees to participate in small business training. Any Participant with a goal of buying a house agrees to participate in home buyer's training. Any participant with an educational goal agrees to participate in educational training.**
6. Withdrawals are allowed for qualified program expenses only. Participant agrees to designate a purpose for the saving account within six months of opening the account. The designated purposes are post-secondary education, small business start-up or capitalization, and home purchase or renovations. Withdrawals must be co-signed by the IDA Coordinator and IDA Manager/Director.
7. Emergency withdrawals are discouraged. Emergency withdrawals of the amount saved by Participant will be available after one business day following six (6) months of participation in the program and will require co-signing by the IDA Coordinator and IDA Manager/Director after recommendation by the Case Manager. Participant will not be allowed emergency withdrawals during the first six months of the program. After that, they will be allowed one emergency withdrawal a year with the amount to be determined by the emergency and case manager.
8. If Participant fails to make a deposit for a period of three months, he or she will be withdrawn from the IDA program. The account holder's savings and interest may be put into a non-IDA personal saving account. **The IDA match will be forfeited.**

CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY, INC.

Dollar to Dollar Individual Development Account

Saving Plan Agreement

9. As part of the IDA Program, Participant agrees to answer questions asked on questionnaires and evaluation forms.
10. CCCOEO will provide Participant with a monthly copy of his/her bank statement showing savings and interest to date.
11. CCCOEO will coordinate/provide an economic literacy program and continuing case management sessions which the Participant must attend. *The economic literacy program may not be waived.*
12. When the Participant has successfully finished the education deemed necessary by CCCOEO IDA Coordinator and is ready to purchase his or her asset, CCCOEO will make the matching funds available for the Participant. The Participants own saving will be transferred to a CCCOEO account. CCCOEO will then write a check directly to the asset vendor for an amount equal to the Participant's savings and the match.
13. Each dollar saved (up to \$2000/year) by the Participant will be matched. The amount of the match will be one dollar to every one dollar. This matching money will be held in a pooled account (not Participant's). At the time of approved withdrawal, match funds will be withdrawn from the pooled account.

I authorize the financial institution to release any and all information regarding my account to CCCOEO. I understand and agree to the terms and conditions of the *Savings Plan Agreement* and participating in the CCCOEO *Individual Development Account Program*.

IDA Participant

Participant's Case Manager

Dated: _____

IDA Coordinator

IDA Manager/Director