



FOR OFFICE USE ONLY
Funding year & source/amount
ORIDA: _____/_____
AFI: _____/_____

DreamSavers Individual Development Account Program Application

If you have any questions regarding this application, contact _____ Katie Eaton _____ at 541-476-8146

To avoid any possible delay, answer all questions and attach all necessary documents.

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT PROPER DOCUMENTATION.

Participant General Information

Applicant Name: _____

Residence Address: _____ **City:** _____ **State:** OR **Zip code:** _____

Mailing Address(if different): _____ **City:** _____ **State:** OR **Zip code:** _____

County of Residence: _____ **Email:** _____

Phone: _____ **Daytime Phone:** _____ **Mobile #:** _____

Gender of participant: Male Female Other **Birth Date:** _____ **Age** _____

Marital status of participant:: Single Separated Divorced Widowed Married Domestic Partnership

Ethnicity: Black/African American Native Hawaiian/Pacific Islander Native American White

Other/Multiple: Specify: _____

Hispanic? Yes No **Country of Origin:** _____

What language do you prefer to receive correspondence in? _____

Family Type: Single Person 2 or more adults, no children 2 parent household Single Mother Single Father

Other _____

Are you a: Farmworker Seasonal Farmworker Migrant Farmworker Not a Farmworker

Housing Type: Own Rent Homeless Group Home Youth (under 18) living with family member(s)

Other _____

Veteran: Yes No **Are you a youth living in a foster home?** Yes No

Do you identify as having a Disability? Yes No **Do you reside on a Reservation?** Yes No

What do you plan to use your DREAMSAVERS account for? (Please only select one. You may change at a later date.)

Purchase a home Education/Job training Start or expand a small business

Home Repair/Accessibility to a primary dwelling Equipment/Technology to become employable

If choosing a goal other than *Purchase a Home*, please give a short description of what you want to do or purchase:

ASSET AND LIABILITY INFORMATION

- Do you have a checking account?** Yes- Owned a checking account prior to opening an IDA
 No- Never owned a checking account
- Do you have a savings account?** Yes- Owned a savings account prior to opening an IDA
 No- Never owned a savings account

Please do not leave blanks. If something does not pertain to you, please put a 0.

ASSETS: If you own the following, what is their value?		LIABILITIES: What do you owe?	
Cash	\$	Home Mortgage 1	\$
Savings account (not IDA)	\$	Home Mortgage 2	\$
Children's Savings Accounts/CD's	\$	Vehicle Loan 1	\$
Checking Accounts	\$	Vehicle Loan 2	\$
Home 1	\$	Vehicle Loan 3	\$
Home 2	\$	Credit Cards	\$
Vehicle 1	\$	Medical Bills	\$
Vehicle 2	\$	Student Loans	\$
Vehicle 3	\$	Money to Family/Friends	\$
Business Bank Accounts	\$	PAST DUE Child Support	\$
Business Assets/Inventory	\$	Unpaid Income or Property Taxes	\$
401K / IRA Retirement	\$	Store Credit	\$
Stocks/ Bonds (not retirement)	\$	Personal Line of Credit	\$
CD's	\$	Business Debts	\$
Other Investments	\$	Other Debts	\$
Other Assets	\$		

Household Income Information

Please list income information for yourself and other household members. Please indicate N/A if not applicable.

PLEASE ATTACH DOCUMENTATION FOR EACH SOURCE.

INCOME SOURCE (Per Month)	Applicant	Other Household Members
Wages, Salaries, Bonuses, Commissions	Per month	Per month
Business Income / Self Employment	Per month	Per month
Pension Fund Income	Per month	Per month
Alimony	Per month	Per month
Unemployment	Per month	Per month
Rental Income	Per month	Per month

- If employed, how often are you paid?** Weekly Every 2 weeks Monthly 2 x per month N/A
- Other household member:** _____ Weekly Every 2 weeks Monthly 2 x per month N/A
- Other household member:** _____ Weekly Every 2 weeks Monthly 2 x per month N/A

Household Alternative Income Information

Please list any additional income information for yourself and other household members. Please indicate N/A if not applicable. **PLEASE ATTACH DOCUMENTATION FOR EACH SOURCE.**

INCOME SOURCE (Per Month)	Applicant	Other Household Members
SSI / SSD	Per month	Per month
Child Support	Per month	Per month
TANF	Per month	Per month
Financial Aid	Per month	Per month
Rental Allowance for Clergy	Per month	Per month
Other	Per month	Per month

Participant Miscellaneous Information

Have you ever used Direct Deposit to a bank account? Yes No

How many adults (18 & over) are living in the household? _____ (Please include yourself if over 18)

How many children (under 18) are living in the household? _____ (Please include yourself if under 18)

Highest Level of Education Completed: Grade K-5 Grade 6-8 Some High School HS Grad /GED
 Some College Two year degree College Graduate (4 yr) Attended grad school Graduate degree

School Status at this time: Not Enrolled Enrolled Part Time Enrolled Full time

Employment Status of Participant: Employed more than full time (41+ hrs /wk) Full time employed (35-40 hrs /wk)
 Part time employed Unemployed, retired Unemployed, looking for work Unemployed, disabled
 Unemployed, volunteer work Unemployed, not looking for work Unemployed, not specified

Household Supportive Services Received

Are you or anyone in your household a recipient of any of the following services?

Federal and State Earned Income Tax Credit

Not eligible Received payments Eligible, but have not received payments Unknown

Do you currently receive Temporary Assistance to Needy Families (TANF)?

TANF Recipient Not a TANF recipient Unknown

- | | |
|---|--|
| <input type="checkbox"/> Federal Housing Assistance (Sec 8, public or low income housing) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Oregon Health Plan | <input type="checkbox"/> Employer Related Daycare |
| <input type="checkbox"/> Reduced school lunches | <input type="checkbox"/> WIC (Women, Infants and Children) |
| <input type="checkbox"/> Low Income Energy Assistance (LIEAP) | <input type="checkbox"/> Working Family Child Tax Credit |
| <input type="checkbox"/> Emergency Food Assistance over last 12 months? | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Vocational Rehabilitation | |

Please list ALL persons in household: If you are living with any person(s) you do not consider as part of your household, you must be able to provide a tax return showing that they are not a dependant.

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

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

Relative's name: _____ Phone number: _____

Address: _____

Participant Current Financial Situation

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

(IDA accounts may be subject to garnishment if any of these apply.)

Are there any outstanding judgments against you? Yes No

Are you a party to a lawsuit? Yes No

Are you obligated to pay alimony or child support? Yes No

Do you currently have an IDA account with another agency? Yes No

Have you applied for an IDA account with another agency? Yes No

Do you currently reside at any of the following apartment complex's?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Calapooia Crossing | <input type="checkbox"/> Cedar Point | <input type="checkbox"/> Coddington Place | <input type="checkbox"/> Diamond Court |
| <input type="checkbox"/> Gold Coast (Gold Beach) | <input type="checkbox"/> Gold Coast (Port Orford) | <input type="checkbox"/> Grand | <input type="checkbox"/> Hillside Terrace |
| <input type="checkbox"/> Hotel N Bend | <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Landing Place | <input type="checkbox"/> Myrtle Terrace |
| <input type="checkbox"/> Myrtlewood | <input type="checkbox"/> Princeton Ct | <input type="checkbox"/> Stagecoach | <input type="checkbox"/> Sunset |

Are you an employee or volunteer of the organization where you applied for the IDA program?

Employee Volunteer Neither

Are any other household members an employee or volunteer of the organization where you applied for the IDA program?

Employee Volunteer Neither

Attach income verification documents of each household member with the application.

Please attach a copy of the following (or bring these items when you turn in the application and we will make copies). This needs to be your **MOST CURRENT** information:

- Income verification documents for **each household member**
For Earned Income: (2 months pay stubs for all household members, **AND** most recent tax return **SIGNED**. If self employed please include Schedule C and Profit and Loss statement.)
For Un-earned income: (Most recent tax return **SIGNED**, benefit letter, child support award decree, etc.)
- 2 months complete bank statements for all household accounts and business accounts, if applicable.
- Participant Driver's license, State ID card or birth certificate

**If required documentation is not attached, this will delay enrollment in the program.
Further information may be requested.**

Credit Report Authorization

DreamSavers will require a credit report be pulled, at our expense, to obtain credit scores at the beginning and end of this program. The content of your report will not be shared, but anonymously, your credit score will be. You will receive a copy of this report. To authorize this report be pulled please sign.

I authorize the DreamSavers program to pull a credit report on my behalf.

(Signature)

Date

Social Security Number: _____

Certification

I understand the above information will be kept confidential. I certify that all the statements made on this application are true to the best of my knowledge.

(Applicant's signature)

(Date)

(Applicant's parent/guardian) if under 18 years

(Date)

**Mail or return this application along with all supporting documentation to:
College Dreams, PO Box 1407, Grants Pass, OR 97528
Phone: 541-476-8146 Fax: 541-476-8410**