FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA (FAIM)

Participant Application

LOCAL AGENCY USE ONLY:

Agency Name: _____ **FAIM Coach:** _____

FAIM Account Number: _____ **First Deposit Date:** _____

Minimum Enrollment (6 months + 1-day): _____ **Deposit Deadline** (24 months): _____

Exit Deadline (30 months): _____

Asset Track Chosen: _____ **Grant Number: 2086**

If not completing electronically - print clearly in blue or black ink, answer all questions except gray boxes.

First Name: _____ **Middle Name:** _____

Full Last Name: _____

Email Address: _____

Phone Mobile: _____ **Home:** _____ **Work:** _____

Home Address: _____ **Lot/Apt:** _____

City: _____ **State:** MN **Zip Code:** _____ **County:** _____

Mailing Address: (only if different than Home Address) _____

City: _____ **State:** MN **Zip Code:** _____

Gender Identification: ❑ Female ❑ Male ❑ Other ❑ Decline to ID

Date of Birth: _____ **Social Security or ITIN#:** _____-_____-_____

Applicant Marital Status (choose one):

☐ Single (never married) ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: _____

Applicant PRIMARY Race (choose one):

☐ American Indian or Alaskan Native ☐ Asian American or Pacific Islander ☐ Black ☐ White

☐ Multiracial ☐ Unknown ☐ Decline to ID

Applicant Ethnicity (choose one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to ID

Applicant:

☐ Immigrant ☐ Refugee **Country of origin:** _____ ☐ Not Applicable

☐ Yes ☐ No Are you the head of household?

☐ Yes ☐ No Are you a single parent?

☐ Yes ☐ No Are you disabled?

☐ Yes ☐ No Are you a veteran? If yes, which war/conflict: _____

☐ Yes ☐ No Are you a Minnesota resident?

Primary Language: _____ Secondary Language: _____

Housing (choose one):

☐ Own ☐ Rent ☐ Public ☐ Subsidized ☐ Homeless ☐ Other - specify: _____

Monthly rent or mortgage payment: $_____

Health Insurance (complete both columns):

Primary Source for Applicant:

☐ Coverage through a job
☐ Coverage through spouse's job
☐ Coverage through self-employment
☐ Private insurance
☐ State plan
☐ Medicaid
☐ Medicare
☐ Other – specify: _____
☐ None

Health Insurance for Household:

☐ All members insured
☐ Some members insured
☐ No members insured
☐ Don't know
☐ Decline to ID

Applicant's Annual Income Range (choose one):

☐ $0 to $15,000
☐ $15,001 to $22,000
☐ $22,001 to $30,000
☐ Over $30,000

Total number of people in the household:

Number of adults: ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight+

Number of children: ☐ Zero ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight+

Your Highest Level of Education Completed (Mark one):

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

Your Employment Status (Mark one):

☐ Employed full-time **(35 hours or more weekly)**
☐ Employed part-time **(up to 35 hours weekly)**
☐ Unemployed
☐ Self-Employed full-time (FT)
☐ Self-Employed part-time (PT)
☐ Working and in School: ☐ FT ☐ PT
☐ Currently in school or job training program
☐ Homemaker, not seeking employment
☐ Disabled, not seeking employment
☐ Retired, not seeking employment

Applicant Last Name:	**Local Agency:**

Applicant – *MONTHLY* Gross Income – from income documentation provided

Formal Employment $_____
Self-Employment $_____
Government Assistance (☐TANF, ☐SSI, ☐Unemployment, ☐Other: _____) $_____
Pension/Retirement $_____
Child Support - ☐Yes ☐No $_____
Alimony - ☐Yes ☐No $_____
Friends/Family $_____
Investments $_____
Other Income (Source of Other Income _____) $_____

Applicant - TOTAL MONTHLY gross income - from documentation provided: $_____

Other Household Member – *MONTHLY* Gross Income – from income documentation provided

Other Household Member Name: _____

Formal Employment $_____
Self-Employment $_____
Government Assistance (☐TANF, ☐SSI, ☐Unemployment, ☐Other: _____) $_____
Pension/Retirement $_____
Child Support - ☐Yes ☐No $_____
Alimony - ☐Yes ☐No $_____
Friends/Family $_____
Investments $_____
Other Income (Source of Other Income _____) $_____

Other HH Member - TOTAL MONTHLY gross income - from documentation provided: $_____

HOUSEHOLD - TOTAL MONTHLY GROSS INCOME: $

Household Members: All individuals who share use of a dwelling unit as primary quarters for living and eating.

First Name	Middle Initial	Full Last Name	Date of Birth	Relationship to You (daughter, son, spouse, etc.)

If more space is needed to list household members, please attach another sheet of paper.

Applicant Last Name: **Local Agency:**

LOCAL AGENCY USE ONLY:

Credit Score - *REQUIRED*: Equifax _____ Experian_____ TransUnion _____ Tri-Merge_____

Residence (mark one): ☐ Major Urban Area – over 1 million people
☐ Minor Urban Area – under 1 million people
☐ Rural/Remote Area - under 5,000 people

Area Median Annual Income of City : $_____ (this may be Googled)

ANNUAL Gross Income of Household: $_____ (from income documentation provided with this application)
Total number of members in family: _____ 100% of Federal Poverty Guideline for family size: $_____

****To determine income level*: Divide yearly gross income of HH by 100% of Federal Poverty Guideline for family size.**

Income Level (mark one): ☐ Below 100% of Poverty Guideline ☐ 100% to 150% ☐ 151% to 200% ☐ Over 200% **(ineligible)**

Proof of income (submit ONE of the following with the application):
☐ Most recent year's Federal 1040 tax form **(Preferred)** ☐ Previous year's W-2 Forms ☐ Previous three month's pay stubs

Proof of Government Assistance and/or income from friends or family: (must provide additional documentation):
☐ Public benefit award letter
☐ Notarized letter from family or friend stating the dollar amount and time-period of support

********** THIS BOX IS FOR STATE FAIM ADMIN USE ONLY **********

☐ Approved ☐ Denied - Reason: _____

Net Assets: $_____ State FAIM Admin Signature: _____

☐ Yes ☐ No Are you a homeowner? Value of home $_____ Loan balance $_____
☐ Yes ☐ No Do you own other homes? Value of homes: $_____
☐ Yes ☐ No Do you have a savings account now? Account balance $_____
☐ Yes ☐ No Are you a vehicle owner? If yes, number owned _____ - www.kbb.com & list value below.
Value of vehicle 1 $_____ Vehicle 1 loan balance $_____
Value of vehicle 2 $_____ Vehicle 2 loan balance $_____
Value of vehicle 3 $_____ Vehicle 3 loan balance $_____
☐ Yes ☐ No Are you a business owner?
Value of business $_____ Loan balance $_____
☐ Yes ☐ No Do you own residential rental property or land?
Value of property $_____ Loan balance $_____
☐ Yes ☐ No Do you own: ☐ Stocks, ☐ Bonds, ☐ 401k, ☐ Other Investments Value $_____
☐ Yes ☐ No Do you have a burial account? Value $_____
☐ Yes ☐ No Do you have a checking account now? Balance $_____
☐ Yes ☐ No Do you owe money to family or friends? Balance $_____
☐ Yes ☐ No Do you have past due household bills? Balance $_____
☐ Yes ☐ No Do you have credit card bills? Balance $_____
☐ Yes ☐ No Do you have outstanding student loans? Balance $_____
Are your student loans in default? ☐ Yes ☐ No
☐ Yes ☐ No Do you have outstanding medical bills? Balance $_____
☐ Yes ☐ No Signature loan? Balance $_____
☐ Yes ☐ No Payday loan? Balance $_____
☐ Yes ☐ No Other loans ***not*** listed above? _____ Balance $_____
☐ Yes ☐ No Are you in arrears on child support payments? Amount $_____

☐Yes ☐No Are you eligible for TANF / MFIP?
☐Yes ☐No Have you ever received TANF / MFIP?
☐Yes ☐No Do you currently receive TANF / MFIP?
☐Yes ☐No Do you currently receive SS, SSI, or SSDI? Amount per month $_____
☐Yes ☐No Do you owe back taxes to the IRS/federal government? Amount $ _____
☐Yes ☐No Are you eligible for Earned Income Tax Credit (EITC)?
☐Yes ☐No Did you receive EITC on this year's tax return?
☐Yes ☐No Have you ever received EITC in prior tax years?
☐Yes ☐No Are you eligible for Minnesota Working Family Tax Credit?
☐Yes ☐No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?
☐Yes ☐No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?
☐Yes ☐No Do you have Health Insurance?
☐Yes ☐No Do you have Life Insurance?
☐Yes ☐No Do you currently use direct deposit for your paychecks?
☐Yes ☐No Did you have an existing relationship with the organization prior to enrollment in FAIM?
☐Yes ☐No Were you referred to the FAIM program by another agency/organization/person?
How did you hear about FAIM? _____
☐Yes ☐No Do you currently receive food support? Amount per month $_____
☐Yes ☐No Did/Will someone else claim you as a dependent on their federal tax return?
If yes, who: _____ Their relationship to you: _____
☐Yes ☐No Have you ever had a checking account?
☐Yes ☐No Have you ever had a savings account?
☐Yes ☐No Have you ever used a pre-paid card?
☐Yes ☐No Have you or a family member ever been enrolled in FAIM? Who?_____
☐Yes ☐No Will you use direct deposit for your FAIM account?

Which asset will you be saving for? (choose one):

☐ First Home Purchase (you and/or your spouse/partner may not have owned a home/property within the past 36 months.)
☐ Business Development ☐ Start-up ☐ Expansion/Enhancement
☐ Post-Secondary Education for: ☐ Myself ☐ Spouse/Child/Tax Dependent
☐ Personal Vehicle Purchase (for applicant that does not own a vehicle.)

Emergency Contact Information – Required: List someone that can reach you if we lose contact with you.

First Name _____ Last Name _____
Address _____ Apt/Lot _____
City _____ State _____ Zip Code _____
Phone Number _____ Alternate Phone Number _____
Email _____ Relationship to You _____

Applicant Last Name:	**Local Agency:**

I certify that the information I provided on this application is true and correct to the best of my knowledge:

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

Consent to Obtain Credit Report (required)

I give permission to _____ (local FAIM agency) to obtain a copy of my credit report/score at the **beginning AND end** of my participation in the FAIM program.

_____ _____
Applicant Signature Date

***** For Home Asset Track *****

Provide information below on spouse/partner/co-borrower living with the applicant who may co-sign loan:

_____ _____ _____
First Name Middle Initial Full Last Name

_____ _____
Social Security Number Date of Birth

_____ _____
Spouse/Partner/Co-Borrower Signature - **giving permission to pull a credit report** Date

Consent for Release of Information (to share my story)

I, _____, give _____, the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion of the program, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the agency listed above.

_____ _____
Applicant Signature Date

Submission of this FAIM application and supporting documentation does not guarantee enrollment in the program.

Applicant Last Name:	**Local Agency:**	