



FAIM New Participant Application Form

Revised 05/23/14

AGENCY USE ONLY :

Agency Name: \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Date of 1<sup>st</sup> Deposit \_\_\_\_\_

Asset \_\_\_\_\_ Grant \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MN Zip Code \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female

Social Security Number \_\_\_\_\_

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

First Name	Middle Initial	Last Name	Date of Birth	Relationship

Marital Status (Mark one)

Applicants Last Name \_\_\_\_\_

Agency: \_\_\_\_\_

Single, Never Married       Divorced  
 Married       Widowed  
 Separated       Other (Specify) \_\_\_\_\_

**Applicant Primary Race (Mark one)**

African American       Asian/Pacific Islander       Caucasian (White)  
 Native American       Hispanic (any race)       Other (Specify) \_\_\_\_\_

**Immigrant or Refugee (circle one if applicable)**

**Country of Origin** \_\_\_\_\_

Are you the head of household      Y / N      Are you a single parent      Y / N  
 Are you disabled      Y / N      Are you a veteran      Y / N  
 Are you a US Citizen?      Y / N      Are you an eligible non-citizen      Y / N

**Housing (Mark one):**

Own       Rent       Public       Subsidized       Homeless       Other

**Applicants Income Range (Mark one):**

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

**Number of Adults 18 and over in household** \_\_\_\_\_

**Number of Children under 18 in household** \_\_\_\_\_

**Highest Level of Education Completed (Mark one):**

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

**Employment Status (Mark one):**

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

**AGENCY USE ONLY:**

Credit Score: \_\_\_\_\_ Equifax      \_\_\_\_\_ Experian      \_\_\_\_\_ TransUnion      \_\_\_\_\_ Tri-Merge

Residence (mark one) \_\_\_\_\_ Major Urban Area (Twin Cities Metro)  
    \_\_\_\_\_ Minor Urban Area (population less than 1,000,000)  
    \_\_\_\_\_ Rural Area (population less than 25,000)

**Applicants Last Name** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**APPLICANT GROSS INCOME**

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance (TANF, SSI, Unemployment, etc.) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support (Y / N) \$ \_\_\_\_\_  
Alimony (Y / N) \$ \_\_\_\_\_  
Friends/ Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_  
  
TOTAL income: \$ \_\_\_\_\_

**OTHER MEMBERS OF HOUSEHOLD – GROSS INCOME**

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance (TANF, SSI, Unemployment, etc.) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support (Y / N) \$ \_\_\_\_\_  
Alimony (Y / N) \$ \_\_\_\_\_  
Friends/ Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_  
  
TOTAL income: \$ \_\_\_\_\_

**AGENCY USE ONLY:**

Yearly Gross Income of Household \_\_\_\_\_  
Area Median Income \_\_\_\_\_  
Income Level (Mark One) \_\_\_\_\_ Below Poverty \_\_\_\_\_ 100 to 150 % \_\_\_\_\_ 150 to 200% \_\_\_\_\_ Over 200%

Do you have a Savings Account Y / N Amount in Account \_\_\_\_\_  
Are you a homeowner Y / N Value of Home \_\_\_\_\_ Loan balance \_\_\_\_\_  
Own other homes Y / N Value of Other Homes \_\_\_\_\_  
Are you a vehicle owner Y / N Number of Vehicles \_\_\_\_\_  
Value of Vehicle 1 \_\_\_\_\_ Vehicle 1 loan balance \_\_\_\_\_  
Value of Vehicle 2 \_\_\_\_\_ Vehicle 2 loan balance \_\_\_\_\_  
Value of Vehicle 3 \_\_\_\_\_ Vehicle 3 loan balance \_\_\_\_\_  
Are you a business owner Y / N Value of your business \_\_\_\_\_ Business loan balance \_\_\_\_\_  
Do you own residential rental property or land Y / N Value \_\_\_\_\_ Loan balance \_\_\_\_\_  
Do you own stocks, bonds, 401K, or other investments Y / N Value \_\_\_\_\_

Applicants Last Name \_\_\_\_\_ Agency: \_\_\_\_\_

Do you have a checking account	Y / N	Amount	_____
Do you owe money to family or friends	Y / N	Amount	_____
Do you have past due household bills	Y / N	Amount	_____
Do you have credit card bills	Y / N	Amount	_____
Do you have outstanding student loans	Y / N	Amount	_____
Do you have outstanding medical bills	Y / N	Amount	_____
Signature Loan	Y / N	Amount	_____
Payday Loans	Y / N	Amount	_____
Other Loans	Y / N	Amount	_____

**Agency Use Only:**

**Proof of 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

**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

Are you eligible for TANF	Y / N
Have you ever received TANF or AFDC	Y / N
Do you currently receive TANF	Y / N
Do you currently receive SS, SSI, or SSDI	Y / N
Are you eligible for Earned Income Tax Credit (EITC)	Y / N
Did you receive EITC on this year's tax return	Y / N
Have you ever received EITC in prior tax years	Y / N
Are you eligible for Minnesota Working Family Tax Credit	Y / N
Did you receive the Minnesota Working Family Tax Credit on this year's tax return	Y / N
Have you ever received the Minnesota Working Family Tax Credit in prior tax years	Y / N
Do you have Health Insurance	Y / N
Do you have Life Insurance	Y / N
Do you currently use direct deposit for your paychecks	Y / N
Will you use direct deposit for your FAIM account	Y / N
Did you have an existing relationship with the organization prior to enrollment in FAIM	Y / N
Were you referred to the FAIM program by another organization	Y / N
Referring Source _____	
Do you currently receive food support	Y / N
Amount per month _____	

**Applicants Last Name** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Emergency Contact Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**Which asset will you be saving for?**

\_\_\_\_\_ Business Capitalization

\_\_\_\_\_ First Home Purchase (have not owned a home in the past 3 years)

\_\_\_\_\_ Post-Secondary Education (at an accredited higher education institution)

**I certify that the information in this application is true to the best of my knowledge:**

\_\_\_\_\_  
Applicant (Print) Date

\_\_\_\_\_  
Applicant Signature Date

I give permission to the \_\_\_\_\_ to get a copy of my credit report at the **beginning** and **end** of my participation in the FAIM program.

\_\_\_\_\_  
Applicant Signature Date

**For Housing Asset:**

*If a Spouse/Partner/Co-Borrower lives in the home and will co-sign on a loan, please fill out the following:*

\_\_\_\_\_  
Name of Spouse/Partner/Co-Borrower

\_\_\_\_\_  
SS # of Spouse/Partner/Co-Borrower Date of Birth

\_\_\_\_\_  
Signature giving permission to pull a credit report: Spouse/Partner/Co-Borrower Date

**Consent for Release of Information**

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, utilize my narrative on the website or in promotion, and with regards to the United Way and funding requests. This release is effective for seven years from the date of signature. I am permitted to withdraw consent at any time by contacting above named agency.

\_\_\_\_\_  
Signature Date

**Applicants Last Name** \_\_\_\_\_ **Agency:** \_\_\_\_\_