Neighborhood Housing and Community Development (NHCD) Mailing Address: P O Box 1088 Austin, Texas 78767 Delivery Address: 1000 E 11th Street, Suite 200

Phone: 512-974-3100 Fax 512-974-3161 email: idaprogram@austintexas.gov

Please note: all information requested on this application form will be kept confidential within the Neighborhood Housing and Community Development Department.

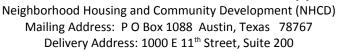
Program Eligibility Requirements						
You must meet these requirements to begin the process.						
 Must be a current resident of incorporated Austin, Texas Must be at or below 60% MFI for the Austin metropolitan area. Must be employed, full or part time. 						
Personal Information						
Name		Social Sec. #				
Street		Apt. #				
City/State/Zip						
Email						
Home Phone		Work Phone			Cell/Pager	
Gender:		Male \square Female		Date	e of Birth	
How did y	U U U U U U U U U U U U U U U U U U U	African American Latino or Hispanic Native American Education Completed: 0 -4 Grade 9 through 11 Vocational School Diploma AA degree Some Graduate School ear about the IDA Program?		Grade 5 thi High Schoo Some Colle BA/BS MA/MS	ase specify) rough 8 ol Diploma or GED ege	
Do you have any special needs <i>IDA Program</i> staff should know about?						
Household Information						
How many adults (18yrs and older) currently live in participant's household						
How many children (under 18yrs) living in participant's household:						
Primary Language Spoken at Home ☐ English ☐ Spanish ☐ Other						
Marital status: □Single □Married □Separated □Divorced □Widowed □ Other □ Unknown						

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Contact Information

Please list a re	elative or friend who would know how to o	contact you, even	if you move:			
Name						
Street			Apt. #			
City/State/Zip						
Home Phone	Work Phone	Cell/Pager				
	Income I	nformation				
Income of all	household members - please list gross in		(es):			
	Category	Last Month	Typical Month	Last Year		
Employment	t (wages)					
1 ' '	ment (including selling things you make,					
	ike childcare, etc.)					
Social Securi	t assistance (TANF, Food Stamps, SSI, ity, Unemployment or Veterans'					
Benefits)						
Pensions or	retirement income					
Child suppor	rt / alimony payments					
Friends or family						
Investment income						
Other(please	e specify)					
	Employmen	t Information				
Primary Empl	oyment Status (choose one):					
	oyed more than full-time (overtime or mo oyed full-time (for yourself or others)	re than one job, f	or yourself or others)			
	oyed part-time (for yourself or others)	☐ Currently se	eeking employment			
	ing and in school or job training	☐ Homemaker, not seeking employment				
☐ Laid off, waiting for call back		Retired, not seeking employment				
☐ Curre	ently in school or job training	☐ Person with	disability, not seeking	employment		
Employer			Phone			
Street						
City/St/Zip						



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below. (If more than four, continue	on the bac	k of this form w	vith the required information).	
Name of household member 1	•	yer name	Employer p	hone number
2				
3				
4.				
		Assets & Liabil	ities	
Do you own a vehicle?	□Yes	□ No	Value of vehicle	
		п.,	Outstanding vehicle loan	
Do you own a second vehicle?	\square Yes	□ No	Value of vehicle	
Do you own a home?	□Yes	□ No	Outstanding vehicle loan Value of home	
bo you own a nome.	□ / € 5	□ <i>N</i> 0	Outstanding mortgage	
Do you own a business?	\square Yes	\square No	Value of business	
			Outstanding loan(s)	
Do you own residential				
rental property or land?	\square Yes	□ No	Value of property	
Do you own stocks, bonds, a 401k,			Outstanding property loan	
or other investments?	\square Yes	□ No	Value of investments	
			•	
Do you have a checking account?	\square Yes	□ No	Amount in account	
Do you have a savings account (other than an IDA)?	□Yes	□ No	Amount in account	
Check all that apply. I have outsta	ınding:			
☐ Auto Ioan – Balance \$		□Stu	udent Ioan – Balance \$	
☐ Medical bills – Balance \$ ☐ Payday or title loan – Balance \$				
☐ Personal loan – Balance \$		□Cr	edit card balances (total all car	ds) \$
Are any of your monthly payments	past due? [□No □Yes If	yes, which?	

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What primary asset do you plan to save for? Home ownership	☐ Education ☐ Business			
How much do you think you could afford to save each month? \$				
Applicant Personal Statement				
Please explain why you are interested in participating in <i>IDA Program</i> . Be sure to describe the asset you would be interested in purchasing with your IDA savings.				
Applicant	Certification			
My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.				
Signature:	Date:			
Application Received	Reviewed By:			
Participant Interview Date :	Data entered in AFI ² :			
Orientation Class Date Assigned:				