



Individual Development Account Program (IDA) Application

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 Yes No
- Must be at or below 60% MFI for the Austin metropolitan area. Yes No
- Must be employed, full or part time. Yes No

Personal Information

Name _____ Social Sec. # _____
 Street _____ Apt. # _____
 City/State/Zip _____
 Email _____
 Home Phone _____ Work Phone _____ Cell/Pager _____
 Gender: Male Female Date of Birth _____

Ethnicity: African American Caucasian
 Latino or Hispanic Asian, Pacific Islander
 Native American Other (*please specify*)

Highest Level of Education Completed:
 0 -4 Grade 5 through 8
 Grade 9 through 11 High School Diploma or GED
 Vocational School Diploma Some College
 AA degree BA/BS
 Some Graduate School MA/MS

How did you hear about the IDA Program? _____

Do you have any special needs IDA Program 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 relative or friend who would know how to contact you, even if you move:

Name _____

Street _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Income Information

Income of all household members - please list gross income (before taxes):

Category	Last Month	Typical Month	Last Year
Employment (wages)			
Self-employment (including selling things you make, or services like childcare, etc.)			
Government assistance (TANF, Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits)			
Pensions or retirement income			
Child support / alimony payments			
Friends or family			
Investment income			
Other (please specify)			

Employment Information

Primary Employment Status (choose one):

- Employed more than full-time (overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Retired, not seeking employment
- Person with disability, not seeking employment

Employer _____ Phone _____

Street _____

City/St/Zip _____



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How many other members of the household are employed either full or part-time? _____

Please include all children and adults in the household who are formally employed and list them in the section below. (If more than four, continue on the back of this form with the required information).

Name of household member	Employer name	Employer phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Assets & Liabilities

Do you own a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of vehicle _____
			Outstanding vehicle loan _____
Do you own a second vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of vehicle _____
			Outstanding vehicle loan _____
Do you own a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of home _____
			Outstanding mortgage _____
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of business _____
			Outstanding loan(s) _____
Do you own residential rental property or land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of property _____
			Outstanding property loan _____
Do you own stocks, bonds, a 401k, or other investments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Value of investments _____
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount in account _____
Do you have a savings account (other than an IDA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount in account _____

Check all that apply. I have outstanding:

- | | |
|---|--|
| <input type="checkbox"/> Auto loan – Balance \$ _____ | <input type="checkbox"/> Student loan – Balance \$ _____ |
| <input type="checkbox"/> Medical bills – Balance \$ _____ | <input type="checkbox"/> Payday or title loan – Balance \$ _____ |
| <input type="checkbox"/> Personal loan – Balance \$ _____ | <input type="checkbox"/> Credit card balances (total all cards) \$ _____ |

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 *IDA Program*. 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 AFI²: _____
Orientation Class Date Assigned: _____