







## PROSPERITY WORKS INDIVIDUAL DEVELOPMENT ACCOUNT APPLICATION

### Currently Eligible?

TANF:  Yes  No  
 State EITC:  Yes  No  
 Federal EITC:  Yes  No

### Currently Receiving?

Yes  No  
 Yes  No  
 Yes  No

### Ever Received?

Yes  No  
 Yes  No  
 Yes  No

**Assets:** *Please use supporting documentation to complete this sheet.*

Assets: Do you own the following?	What is the value?	Liabilities?	What is the loan amount that you owe?
Home (that you own)		Mortgage 1 balance	
Second home		Mortgage 2 balance	
Vehicle 1		Vehicle 1	
Vehicle 2		Vehicle 2	
Business value		Business debt	
Residential rental property or land		Residential rental property or land debt	
Stocks & bonds, retirement funds, or other Investment		Past due household bills	
<b>(continued)</b> Assets: Do you own the following?	What is the value?	<b>Liabilities?</b>	<b>What is the loan amount that you owe?</b>
Checking account (if amount different than on statement, please explain)		Credit card debt	
Savings account -- not an IDA (if amount different than on statement, please explain)		Student loans	
		Medical bills	
		Other loans	
<b>Total Assets</b>		<b>Total Liabilities</b>	



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THIS SECTION TO BE COMPLETED BY AGENCY STAFF OLONLY	
Total Assets	+ \$
Total Liabilities	- \$
Net Worth (Cannot be over \$10,000.00)	= \$

### ACKNOWLEDGEMENT, PERMISSION, AND SIGNATURES:

#### Personal Data and Consent for Communication

I understand that all information I have provided will be treated as confidential. I consent to allow this information to be shared with the IDA administrating organization (Prosperity Works), as necessary, for data collection and reporting, as well as determining eligibility.

**Credit Report/Score:** I agree to allow Prosperity Works to pull my credit report and score at the time I am authorized to open an IDA account -- as well as when I am ready to purchase an asset -- in order to establish a beginning and ending score.

Initials: \_\_\_\_\_

**Custodial Savings Account:** I agree to let Prosperity Works open a custodial savings account in my name.

**Verification of Information:** By signing below, I verify that the information that I have provided is true to the best of my knowledge. I have fully disclosed the financial situation of my household, as well as provided full information on all of my financial accounts. *If I have intentionally provided any incorrect information or am found to be out of compliance with the standards of the initiative, I may be asked to withdraw my participation.*

By signing this, I agree to the above statements.

\_\_\_\_\_  
Participant Printed Name

Date\_\_\_\_\_

\_\_\_\_\_  
Participant Signature