

Oregon IDA Intake Part 1: Eligibility

Thank you for your interest in opening an Individual Development Account (IDA). Please fill out this application so that we can determine whether you are eligible for an IDA.

Date: _____ Which IDA asset goal are you applying for? _____

Do you currently have an IDA open at another organization? ☐ No ☐ Yes

➤ Note: you cannot have 2 IDAs open at the same time.

1. Your Contact Information

Full Name: _____

Preferred Name (optional): _____ Date of Birth: _____

Phone: _____ Email: _____

Street Address: _____ City/State/Zip Code: _____

Oregon County: _____

2. Your Household Information

For IDA eligibility purposes, a household is anyone who lives together and shares income and expenses, including parents/elders, children, or other dependents. List the names of all household members, **including yourself**, and write the source of income for each adult.

Children in Household	Adults in Household	Source of Income
Names of anyone under 18 in your household	Names of anyone 18+ in your household	List all sources of income (Job, unemployment, self-employed, SSI, etc) Or write "No Income"

Are you, or anyone in your family, **an employee or member of the board of directors** of this organization? ☐ No ☐ Yes

➤ If yes, please write the name of the employee or board member: _____

3. Household Assets: This asks about the value of what you or your household own

➤ Do you or other household members have cash ? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter estimated amount below)		
Cash	\$	Enter the estimated total amount you and your household has in cash
➤ Do you or other household members have checking and/or savings accounts ? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter amounts)		
Savings Account(s)	\$	Enter total amounts in checking accounts & savings accounts, including certificate of deposits (CD) & money market accounts. Do not include: ABLE accounts and 529 college savings plans
Checking Account(s)	\$	
➤ Do you or other household members own a home ? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter values below)		
Value of your home	\$	This could be a house or condo that anyone in your household owns that's paid in full OR has a mortgage for. List your primary residence first. Use www.zillow.com as a tool to estimate market value
Value of 2nd home	\$	
➤ Do you or other household members own any vehicles ? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter values below)		
Vehicle 1 value	\$	← List the most valuable vehicle first (the one that is worth the most), including vehicles that anyone in your household owns paid in full or with a loan. Use www.kbb.com to estimate value of vehicles
Vehicle 2 value	\$	
Vehicle 3 value	\$	
➤ Do you or other household members have other assets ? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter values below)		
Retirement accounts	\$	Include 401(k), IRA, 403(b), ESOP & pensions like PERS if they carry a balance
Other investments	\$	Include any investments including trust funds, stocks, bonds, etc.
All other assets	\$	Sum of all other assets that have a market value of more than \$500. Do not include: household goods, furniture, appliances, etc.

4. Household Debts: This asks about the total balance owed for each item you or your household

➤ HOMEOWNER DEBTS: If you or a household member owns a home- how much do you owe?		
Home loan amount	\$	Enter the total amount owed on the mortgage or loan for a condo or house that you or your household owns, in the same order as in assets
Loan on a 2nd Home	\$	
➤ VEHICLE DEBTS: Do you or other household members owe money on any of the vehicles you own?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (enter amounts below)		
Vehicle 1 loan amount	\$	Total loan balances or debt owed on vehicles that your household owns in the same order as they were listed under the Assets field above (vehicle 1 then vehicle 2, etc)
Vehicle 2 loan amount	\$	
Vehicle 3 loan amount	\$	
➤ OTHER DEBT: Do you or other household members owe any other debt?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (enter amounts below)		
Credit cards	\$	The cumulative balance on all credit cards
Medical debt	\$	Total of all medical bills owed
Student loans balance	\$	Total of all student loan debt, regardless of the monthly payment
Past due child support	\$	Total unpaid or overdue. Note for participant: If court ordered, these can be subject to garnishment from an IDA Bank Account
Unpaid taxes	\$	
All other debts	\$	Sum of other debt, including money owed to family/friends, store credit, personal lines of credit, payday loans, overdrawn account, etc.

5. Benefits

Do you or anyone in your household utilize any of the following benefits?

- If NO, skip to section #6: Income.
- If YES, check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> SSI (Supplemental Security Income) <i>Qualifies ONLY if you are a household of 1</i> |
| <input type="checkbox"/> Low Income Tax Credit Property resident | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> Public Housing resident | <input type="checkbox"/> WIC (Women, Infants, and Children Supplemental Nutrition) |
| <input type="checkbox"/> Refugee Cash Assistance | |
| <input type="checkbox"/> Section 8 | |
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance) | |

- **If you have documentation that was issued from within the last 12 months:** Provide a copy along with your application, and you do not need to do anything for #6 Income.

6. Income

Income eligibility for an IDA is based off **total gross income of all adults in your household**, including yourself. You will need to provide copies of income documentation (paystubs, etc) **covering at least 4 consecutive weeks** of recent income. Income eligibility will be determined by your IDA Provider based on that documentation. Ask your IDA Provider if you have questions about what sources of income can be excluded for IDA eligibility.

7. Applicant Signature

I/we have read and understand the Oregon IDA Initiative Privacy Statement and Terms of Use, and understand that accepting them is necessary for participation in the IDA Initiative matched savings program.

The income and net worth information I have provided in this application is current, complete, and correct to the best of my knowledge. I understand that any intentional misrepresentation may result in my becoming ineligible to continue in the program.

➤ **Applicant's Signature**

Date

(If applicant is under 18) Parent/Guardian Signature _____ Date _____

- **See the last page for what documentation to submit to your IDA Provider to complete this application**

Oregon IDA Initiative Privacy Statement and Terms of Use

Neighborhood Partnerships is the non-profit administrator of the Oregon Individual Development Account (IDA) Initiative. We collect personal information to monitor that IDA programs are run according to State law. We also collect personal information to learn how the programs are working. This is important so that others might benefit from IDA programs.

For savers who open an IDA, Neighborhood Partnerships collects the following information (“Personal Information”) that you give to your IDA provider:

- Name, address, date of birth
- Amount of income, assets, and debts
- The number of adults and children in your household
- Documents to verify your income and Oregon residency, such as copies of drivers licenses, pay stubs, benefits information, and bank statements
- Demographic information reported on your application including race, gender, veteran status
- Amount of your IDA deposits and withdrawals
- Information you provide in response to survey questions about your financial confidence and habits

Neighborhood Partnerships keeps your Personal Information for as long as necessary to fulfill the purpose(s) for which it was collected and to comply with applicable laws. Neighborhood Partnerships uses your Personal Information for these purposes even after you close your IDA.

Neighborhood Partnerships takes commercially reasonable steps to help protect and secure Personal Information, including storing this information in a password-protected database and on password-protected computers, and educating employees on the importance of storing data securely. However, no information can be guaranteed to be 100% secure.

Neighborhood Partnerships publishes reports and other promotional materials on the outcomes of the program. We will not use your name or report your Personal Information in such a way that you could be identified. All published reports and materials are available at the Oregon IDA Initiative website located at www.oregonidainitiative.org, or upon request.

Your IDA provider may collect other information related to other services they provide. Please refer to the policies of your IDA provider to understand how they store and use your information.

Neighborhood Partnerships shares your data with third party nonprofit organizations. This data is shared to help us report on the combined effectiveness of IDAs.

The Oregon IDA Initiative is a program of the state of Oregon. The State may have rights to access or disclose your data, within applicable laws. It may also use your data to promote the Oregon IDA Initiative, and to better understand how other state-funded programs benefit IDA savers. The State has policies around how they use and protect data.

Neighborhood Partnerships is committed to the responsible management, use and protection of Personal Information. As our needs for data and reporting change, this Privacy Statement and Terms of Use (the “Terms”) may be updated at any time. A current copy of the Terms is available on the Oregon IDA Initiative website at: www.oregonidainitiative.org/privacy. We will not, however, use your Personal Information in a manner materially different than what was stated in this policy unless we receive your consent.

Documentation to submit to your IDA Provider

1. **This application, completed and signed (last page)**
2. **Oregon ID for applicant**
 - If no Oregon ID or driver's license is available, then other documentation showing Oregon residency (paystub with address, bank statement, benefits letter, etc)
3. **Copies of the following:**
 - a) Benefits Letter: If anyone in your household utilizes any of the public benefits listed, bring a copy of the benefits letter issued within the last 12 months.

OR

 - b) Paystubs or other income documentation for all household members, which could include any of the following:
 - **At least 4 consecutive weeks** of recent income documentation for each job (paystubs, etc.). If you are paid twice a month, please provide 2 consecutive pay stubs.
 - Documentation of self-employment income (Profit and Loss Statement or Schedule C)
 - A letter from your employer, a copy of most recent federal tax return, or written and signed statements detailing at least 4 consecutive weeks of recent income.