



Application for Participation in the VIDA IDA Program or the Matched College Savings Program (MCSP)



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
- When applicable, information you provide on an exit survey about your IDA-related home purchase or business

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.



**Application for Participation in the VIDA
IDA Program or the Matched College
Savings Program (MCSP)**



In order for CASA of Oregon to consider your application please attach the following documents pertaining to the applicant and all members of the applicant's household. **All fields must be filled in.**

- Signed Oregon IDA Initiative Privacy Statement and Terms of Use (page 1 of this application)
- Public Benefit Certifying Documents (if applicable)
- Two months concurrent pay stubs
- SSI or SSDI benefit letter, proof of unemployment benefits and/or proof of other income (if applicable)
- Most recent tax return (including all schedules, if applicable)
- Schedule C **or** current profit & loss statement for self employed income (if applicable)
- Proof of Oregon residency (Oregon issued ID, utility bill, lease agreement)
- Application fee
- Savings Plan Agreement
- Income Calculation Tool in Excel format

Which IDA partner organization are you working with?: _____

Applicant Full Name: _____

If you have a chosen or preferred name, what is it?: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County in Oregon: _____

SSN or ITIN#: _____ Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Household Income Information

- Applicant's Public Benefits Certifying Eligibility:
- None LIEAP Low Income Tax Credit (LITC) Properties Public Housing
 - Section 8 SNAP TANF WIC

If the applicant qualifies for any of the Public Benefits listed above, no additional income information is needed. If not, attach 2 months of concurrent income documentation for all income earners in the household.

How many income earners are in the applicant's household? _____ People in the household? _____

Number of adults in household? _____ Number of children in household? _____

Applicant Gender:

- Male Female Decline to ID

Date of Birth: _____

Applicant Marital Status:

- Single/Never Married Married Separated Divorced Widowed Decline to ID

Applicant's race:

- Asian/Pacific Islander Black Alaska Native/American Indian Multiracial White Unknown Decline to ID

Applicant's ethnicity:

Hispanic or Latino Not Hispanic or Latino Decline to ID

If you identify your race or ethnicity in a way not listed, please tell us: _____

Applicant's Country of Origin: _____ Declined to Answer

Applicant's preferred language for correspondence (choose one):

English Spanish Russian French Other: _____

Are you a farmworker?

Yes No Unknown/Declined to Answer

Are you a veteran?

Yes No Unknown/Declined to Answer

Are you an active military member?

Yes No Unknown/Declined to Answer

Were you in foster care while between the ages of 15-21?

Yes No Unknown/Declined to Answer

Do you have a disability?

Yes No Unknown/Declined to Answer

Applicant's Household's Housing Situation:

- Household is renting housing
- Household owns its home
- Sharing housing with family/friends/another household (due to loss of housing or economic hardship)
- Do not have stable housing situation right now
- Unknown/Declined to Answer

Other (please specify): _____

Are you a current TANF recipient?

Current TANF recipient Not a current TANF recipient Declined to ID

Have you received the federal Earned Income Tax Credit (EITC)?

Has claimed EITC Has never claimed EITC Declined to ID

Applicant's Education Completed:

- Grades K-5
- Grades 6-8
- Grades 9-11
- HS Diploma/GED
- Vocational School Diploma/Degree
- AA degree/graduated two-year college
- Some college
- BA/BS Degree/Graduated four-year college
- Some graduate school
- Graduate Degree

Applicant's Employment Status:

- Full time (35+ hours per week)
- Part time/seasonally
- Unemployed
- Declined to answer

Other (please specify): _____

Which financial institution would the applicant like to host the IDA?*

***Please refer to the approved list of financial institutions. Contact your IDA specialist for more information.**

Assets

Cash: _____ Savings Account (not an IDA): _____

Children's Savings/CDs: _____ Checking Account: _____

Please use the tax assessed value, a recent appraisal, or a fair estimate to determine the value of your home(s).

Value of Home or Condo 1: _____

Value of Home or Condo 2: _____

Please use Kelly Blue Book (www.kbb.com), NADA (www.nada.com) or a fair estimate for determining the value of your vehicle(s).

Value of Vehicle 1 (most valuable): _____

Value of Vehicle 2: _____

Value of Vehicle 3: _____

Retirement 401K or IRA accounts: _____ Stocks/Bonds (not retirement): _____

Certificates of Deposit: _____ Other Investments: _____

All Other Assets (\$1000 value or more): _____

What are they? _____ Total Value of All Assets: _____

Minus Value of Home 1, Car 1 and up to \$60,000 in retirement accounts:

Total Eligible Assets:

Debts

Please use the balance from your most recent mortgage statement(s). If there are multiple liens on the home, add them together.

Amount owed on Home or Condo 1: _____ Amount owed on Home or Condo 2: _____

Please use the balance from your most recent auto loan statement(s).

Amount owed on vehicle 1: _____ Amount owed on vehicle 2: _____

Amount owed on vehicle 3: _____ Amount owed on credit cards: _____

Amount owed on medical bills: _____ Amount owed on student loans: _____

Amount owed to friends/family: _____ Past due child support: _____

Unpaid income or property taxes: _____ Store credit debt: _____

Personal lines of credit: _____

All Other debts: _____

What are they? _____

Total Debts:

For Internal Use Only

Total Eligible Assets (Oregon):	<input type="text"/>
Minus Eligible Debts:	<input type="text"/>
Equals Total Eligible Net Worth (Oregon):	<input type="text"/>

Total Eligible Assets (AFI):	<input type="text"/>
Minus Eligible Debts:	<input type="text"/>
Equals Total Eligible Net Worth (AFI):	<input type="text"/>

Business Applicants Only

Self-employed: Full time (35+ hours per week) Part time/seasonally Declined to answer

Other (please specify): _____

Business gross sales, last calendar year: _____ Not sure

Business profits: _____ Not sure

Education Applicants Only

Parents' Highest Level of Education: Some high school High school Graduate/GED Some college
 Two-year degree College Graduate (4 year) Graduate degree

Which school do you plan to attend? _____

Will you be a first generation student? _____

Home Ownership Applicants Only

Are you receiving Federal housing assistance (Section 8, Public Housing, etc.): Yes No Unknown/Declined to Answer

To Be Filled Out By All Applicants

Are you a homeowner? Yes No Declined

Are you a business owner? Yes No Declined

Are you a vehicle owner? Yes No Declined

Do you have a savings account? Yes No Declined

Do you have a checking account? Yes No Declined

Have you ever used a pre-paid card? Yes No Declined

Have you ever used direct deposit? Yes No Declined

Miscellaneous Questions

Are you currently enrolled in an IDA program? _____

Have you ever been enrolled in an IDA program? _____ If so, where? _____

Have you applied recently for an IDA with any other organization? _____

If yes, with which organization and when: _____

Are you an employee, family member of an employee/volunteer of an organization that currently offers IDAs? _____

If yes to the above question, please indicate which organization: _____

Financial Capabilities Questionnaire for Applicant
Your answers do not affect your eligibility.

Do you currently have a personal budget, spending plan, or financial plan? Yes No

How confident are you in your ability to achieve a financial goal you set for yourself today? Not at all confident Somewhat confident Very confident

If you had an unexpected expense or someone in your family lost a job, got sick, or had another emergency, how confident are you that your family could come up with money to make ends meet within a month? Not at all confident Somewhat confident Very confident

Not including your IDA, do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)? Yes No

Over the past month, would you say your family's spending on living expenses was less than its total income? Yes No

In the last 2 months, have you been charged a late fee on a loan or bill? Yes No

How would you rate your current credit record? Very Bad Bad About average Good Very Good

Do you currently have at least one financial goal? Yes No

Certification

I understand that the information in this application will be kept confidential and will only be used for the purposes of applying to the VIDA or MCSP programs. I certify that 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. I/we have read and understand the Oregon IDA Initiative Privacy Statement and Terms of Use on page 1 of this application, and understand that accepting them is necessary to participation in the IDA Initiative matched savings program.

Applicant Signature

Date

Applicant's Parent/Guardian Signature (if under 18)

Date

IDA Specialist Use Only

I have reviewed and verified the applicant's Oregon residency and age. I affirm that this application is complete and all the following required documents will be included with this application packet:

- Income verification for all household members or Public Benefits Eligibility verification
- Proof of Oregon residency (state issued ID, school ID, rental agreement, utility bill or passport)
- Application fee paid
- Completed and signed Savings Plan Agreement

IDA Specialist Signature

IDA Specialist Name

Date

*All six pages of this application should be submitted with the application packet.