



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 the application, please attach the following documents pertaining to the applicant and all members of the applicant's household. *CASA's internal forms are in italics. All fields must be filled in.*

- Signed Oregon IDA Initiative Privacy Statement and Terms of Use (page 1 of this *application*, sign page 4)
- Proof of Oregon residency (Oregon issued ID, utility bill, lease agreement, etc.)
- Application fee
- Savings Plan Agreement*
- Recent Benefit Award Letter from:
 - LIEAP
 - Low Income Tax Credit (LITC) Properties
 - Public Housing
 - Section 8
 - SNAP
 - TANF
 - WIC
 - Refugee Cash Assistance
 - SSI (Household of 1 only)

OR attach income documentation for all income earners in the household:

- Two months concurrent pay stubs, Schedule C or current 6 month profit & loss statement for self-employed income, SSI or SSDI benefit letter, proof of unemployment benefits and/or proof of other income

IDA Specialists must submit: Application entered in Outcome Tracker *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?: _____

Date of Birth: _____

Applicant Pronouns: He/him She/her They/them Unknown/Decline to ID

Mailing Address: _____

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

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

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

English Spanish Russian Other: _____

Household Information

Number of people in the household? _____ Number of adults in household? _____

Number of children in household? _____ How many income earners are in the applicant's household? _____

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: _____

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.

Name of Bank: _____ Name of Branch: _____

This section asks about the value of what you or your household owns and owes. Please enter the total amounts for each item below. This information is necessary for calculating household "net worth" (assets minus debts), which is used to determine IDA eligibility.

Assets

Cash: _____ Checking Account: _____
Savings Account (exclude 529 and ABLA accounts): _____

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: _____ Other Investments: _____
All Other Assets (\$1000 value or more): _____ What are they? _____

Total Value of All Assets: _____

Minus Value of Home 1, Vehicle 1 and up to \$120,000 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: _____
Past due child support: _____ Unpaid income or property taxes: _____
All Other debts: _____ What are they? _____

Total Debts:

Minus amount owed on Home 1 and Vehicle 1 accounts:

Total Eligible Debts:

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)
- Application fee paid
- Completed and signed *Savings Plan Agreement*
- Completed Client Information and Financial Experiences surveys on the following pages

IDA Specialist Signature

IDA Specialist Name

Date

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

We ask all clients the following questions about language, race, disability, gender, and other lived experiences. IDA providers use this information to improve services in our communities and understand who is able to access IDAs. Your answers do not affect your eligibility and are confidential. Your individual answers are not shared with local, state, or federal government.

For this form in other languages, please contact your IDA Specialist.

Name: _____

Date: _____

Language

1.1 What language(s) do you use **at home**?
(Select **ALL** that apply, and/or write a response.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- American Sign Language
- Other language(s) – please list **ALL**:

1.2. What language would you prefer for **speaking** with IDA staff? (Select **ONE**.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- American Sign Language
- Other language – please list **ONE**:

1.3. What language would you prefer for **reading** IDA documents, forms, or materials? (Select **ONE**.)

- English
- Spanish
- Russian
- Vietnamese
- Somali
- Arabic
- Other language – please list **ONE**:

1.4. If you use a language other than English: How well do you speak English?

- Very well
- Well
- Not well
- Not at all
- Don't know
- Don't want to answer
- Not applicable, because English is my primary language

Race & Ethnicity

2.1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

2.2. Which of the following describes your racial or ethnic identity? (Select **ALL** that apply.)

Hispanic and Latino/a/x:

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

American Indian and Alaska Native:

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central, or South American

Black and African American:

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African:

- Middle Eastern (Includes: Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen. Afghanistan is considered Middle Eastern by some.)
- North African (Includes: Algeria, Libya, Egypt, Morocco, Tunisia)

Asian:

- Asian Indian (Includes: Asian Indian, Bengali, East Indian, Punjabi)
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian (Includes: Bangladeshi, Bhutanese, Maldivian, Nepali, Pakistani, Sri Lankan. Afghan is considered South Asian by some.)
- Vietnamese
- Other Asian

White:

- Eastern European (Includes: Albania, Armenia, Azerbaijan, Estonia, Georgia, Hungary, Latvia, Lithuania, Moldova, Romania. Afghanistan is considered Eastern European by some.)
- Slavic (Includes: Bosnia and Herzegovina, Bulgaria, Belarus, Czech Republic, Croatia, Macedonia, Montenegro, Poland, Russia, Serbia, Slovakia, Slovenia, Ukraine)
- Western European (Includes: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom)
- Other White

Other:

- Other – please list **ALL**:
-

- Don't know
- Don't want to answer

Functional Difficulties

3.1. Are you **deaf** or do you have **serious difficulty hearing**?

- Yes
- No
- Don't know
- Don't want to answer

3.2. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- Yes
- No
- Don't know
- Don't want to answer

3.3. Do you have **serious difficulty walking or climbing stairs**?

- Yes
- No
- Don't know
- Don't want to answer

3.4. Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions**?

- Yes
- No
- Don't know
- Don't want to answer

Gender

4. What is your gender? (Select **ALL** that apply.)

- Man Woman Non-binary Two-spirit Prefer not to say Prefer to write in: _____

Other Lived Experiences

5.1. If currently under age 26: Have you been in **foster care**?

- Yes
- No
- Decline to answer (or unknown)
- Not applicable, because I am age 26 or older.

5.2. All clients: Have you served in the **military**?

- Yes
- No
- Decline to answer (or unknown)

5.3. All clients: What is the highest **level of education** you have completed?

- Some K-12 School
- High School Diploma/GED
- Vocational School Diploma/Degree
- Some College (no degree)
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Decline to answer (or unknown)

5.4. If enrolling in an Education IDA: Do you have a parent who **attended** or **graduated** from a four-year college or university?

- No
- A parent attended (but did not graduate)
- A parent graduated (with a Bachelor's degree)
- Decline to answer (or unknown)
- Not applicable, because I am not enrolling in an Education IDA.

5.5. If enrolling in a Home Purchase IDA: Do you currently live in public housing, or receive housing assistance like Section 8?

- Yes
- No
- Decline to answer (or unknown)
- Not applicable, because I am not enrolling in a Home Purchase IDA

Clear Form

Financial Experiences Survey

Name: _____

Date: _____

We ask all clients the following questions at the beginning and end of their time in the program. Your answers **do not** affect the IDA dollars you receive. IDA providers use this information to bring resources to our communities and will benefit from your ability to answer as honestly as possible.

6.1. Do you currently have a personal budget, spending plan, or financial plan?

- Yes
- No

6.2. 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

6.3. 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

6.4. 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

6.5. Over the past month, would you say your family's spending on living expenses was less than its total income?

- Yes
- No

6.6. In the last 2 months, have you been charged a late fee on a loan or bill?

- Yes
- No

6.7. How would you rate your current credit record?

- Very bad
- Bad
- About average
- Good
- Very good

6.8. Do you currently have at least one financial goal?

- Yes
- No

For Small Business IDAs

We ask all Small Business IDA clients to complete the following questions at the beginning and end of their time in the program. IDA providers use this information to improve business services in our communities.

7.1. If you are self-employed: On average, did you work on your business full-time, part-time, or seasonally in the last 12 months?

- Full Time (35 or more hours per week)
- Part time/seasonally
- Other – please specify: _____
- Decline to answer

7.2. Estimated Total Sales: About how much did your business earn in gross sales or income last calendar year, before paying all expenses?

7.3. Estimated Total Profit: About how much profit did your business earn last calendar year? (Total income after paying all expenses. Expenses do not include income you paid yourself.)