



IDA Participant: _____

Date: _____

Please submit the following documents to help us verify the information you put on your application:

- _____ Copy of your 2014 Income Tax Return
- Adjusted Gross Income, 1040 line 37: \$ _____
 - Total Household Size: Individual, plus exemptions: _____

_____ Copy of your most recent check stub or other proof of income.

Applicant is eligible _____

Applicant is ineligible _____

2014 I.D.A. Income Guidelines

200% of Federal Income Poverty Guidelines:

<u>Persons in Family</u>	<u>Guideline</u>
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

Thank you for your cooperation in this matter. Please let the staff know when you will have these documents or information available for us.

Contact: Douglas Patton Jr.
Lakota Funds
Phone: 605-455-2500
Fax: 605-455-2585
Email: dpatton@lakotafunds.org



Lakota Tiwahe Adult IDA Savings Program Potential Participant Application Form

Please note: all information requested on this application form will be kept confidential within Lakota Funds and Lakota Tiwahe IDA Savings Program, partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: _____ Soc. Sec. No.: _____ - _____ - _____

Mailing Address: _____ City: _____ St: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile:(____) _____

Email: _____

Gender: Female Male Date of Birth: ____ / ____ / ____

Ethnicity: Native American Other (*please specify:* _____)

Highest Level of Education Completed:

- | | |
|---|--|
| <input type="checkbox"/> Grade K through 5 | <input type="checkbox"/> Grade 6 through 8 |
| <input type="checkbox"/> Grade 9 through 12 | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Graduated junior college (2 year) |
| <input type="checkbox"/> Graduated college (4 year) | <input type="checkbox"/> Attended graduate school |

Are currently in College:

- Full-time Part-time

Place of Residence:

- Urban or suburban (population of 2,500 or more)
 Small town or rural (population of less than 2,500)

Do you have any special needs *LT IDA Savings Program* staff should know about? _____

Household Information¹

How many adults (18yrs and older) currently live in participant's household: _____

¹ "Household" includes 1) your financial dependents (for example, your dependent children), 2) anyone you depend on financially (for example, your parents), or 3) anyone with whom you are financially interdependent (for example, your spouse or partner). Your "household" may *or may not* be the same as the people you live with.

How many children (under 18yrs) currently live in participant's household: _____

Applicant's marital status: Single (never married) Married Separated
 Divorced Widowed

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____) _____

Mailing Address: _____ City: _____ St: ____ Zip Code: _____

Income Information

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

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Annual income</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment (<i>selling things you make, doing laundry, sewing, childcare, etc.</i>)	\$ _____	\$ _____	\$ _____
Government assistance (<i>TANF, SSI, Social Security, Unemployment or Veterans' Benefits</i>)	\$ _____	\$ _____	\$ _____
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*)
- Other: _____

Employer: _____ Phone: (____) _____

Mailing Address: _____ City: _____ St: ____ Zip Code: _____

Assets & Liabilities

Assets and liabilities:

(Circle one)

Do you own a vehicle(s)?

Yes No

Do you have a checking account?

Yes No

Do you own a home?

Yes No

Do you have a savings

Yes No

Do you own a business?

Yes No

Have you ever used Direct Deposit?

Yes No

Did you qualify for Earned Income Tax Credit?

Yes No

Do you have current \$ _____

Yes No

Amount of balance(s):

Debt? (car loan, credit cards, etc..)

Applicant Personal Statement

Please explain why you are interested in participating in *LT IDA Savings Program*. Be sure to describe the asset you would be interested in purchasing with your IDA savings.

How much do you think you could afford to save each month? \$ _____

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: _____