

Applicant Marital Status (choose one):

- Single (never married)
- Married
- Separated
- Divorced
- Widowed
- Other: _____

Applicant Primary Race (choose one):

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White
- Multiracial
- Unknown
- Decline to ID

Applicant Ethnicity (choose one):

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to ID

Are you:

- US Citizen **OR** Eligible Non-Citizen (mark one)
- Immigrant Refugee **Country of origin:** _____ Not Applicable
- Yes No Are you the head of household?
- Yes No Are you a single parent?
- Yes No Are you disabled?
- Yes No Are you a veteran? If yes, specify: _____

Housing (choose one):

- Own
- Rent
- Public
- Subsidized
- Homeless
- Other - specify: _____

Health Insurance:

Primary Source:

- Coverage through a job
- Coverage through spouse's job
- Coverage through business
- Private insurance
- State plan
- Medicaid
- Medicare
- Other – specify: _____
- None

For Household:

- All members insured
- Some members insured
- No members insured
- Don't know
- Decline to ID

Applicant's Income Range (choose one):

- \$0 to \$15,000
- \$15,001 to \$22,000
- \$22,001 to \$30,000
- Over \$30,000

Total number of people in household: _____

Number of adults: One Two Three Four Five Six Seven Eight+ Decline to ID

Number of children: One Two Three Four Five Six Seven Eight+ Decline to ID

Applicant Last Name _____	Local Agency: _____
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Highest Level of Education Completed (Mark one):

- Grade K-5
- Grade 6-8
- Grade 9-11
- High School Diploma
- GED
- Vocational School
- Some College
- AA Degree (2-year degree)
- BA/BS Degree (4-year degree)
- Some Graduate School
- MA/MS Graduate Degree

Employment Status (Mark one):

- Employed full-time (35-40 hours)
- Employed part-time (up to 35 hours)
- Unemployed
- Self-Employed full-time
- Self-Employed part-time
- Working and in school
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Applicant Monthly GROSS Income

- Formal Employment** \$ _____
- Self-Employment** \$ _____
- Government Assistance** (TANF, SSI, Unemployment, Other) \$ _____
- Pension/Retirement** \$ _____
- Child Support** Yes No \$ _____
- Alimony** Yes No \$ _____
- Friends/Family** \$ _____
- Investments** \$ _____
- Other Income** (Source of Other Income _____) \$ _____

Applicant TOTAL monthly gross income: \$ _____

OTHER member of the household – Monthly GROSS income

- Formal Employment** \$ _____
- Self-Employment** \$ _____
- Government Assistance** (TANF, SSI, Unemployment, Other) \$ _____
- Pension/Retirement** \$ _____
- Child Support** Yes No \$ _____
- Alimony** Yes No \$ _____
- Friends/Family** \$ _____
- Investments** \$ _____
- Other Income** (Source of Other Income _____) \$ _____

Other member TOTAL monthly gross income: \$ _____

Applicant Last Name _____

Local Agency: _____

LOCAL AGENCY USE ONLY:

Credit Score: _____ Equifax _____ Experian _____ TransUnion _____ Tri-Merge

Residence (mark one): Urbanized Area (UA) - 50,000 or more people
 Urban Cluster (UC) - at least 2,500 but less than 50,000 people
 Rural Area

Yearly Gross Income of Household: \$ _____ **Area Median Income:** \$ _____

Total number of members in family: _____

(To determine income level: take 100% of poverty guideline for family size then divide yearly gross HH income by that amount.)

Income Level (Mark One): Below Poverty 100% to 150 % 151% to 200% Over 200%

Proof of income (submit ONE of the following with the application):

Previous year's Federal 1040 tax form Previous year's W-2 Forms Previous three month's pay stubs

Proof of Government Assistance and income from friends or family: (must provide additional documentation):

Public benefit award letter
 Notarized letter from family or friend stating the dollar amount and time-period of support

- Yes No Do you have a savings account? Account balance \$ _____
- Yes No Are you a homeowner? Value of home \$ _____ Loan balance \$ _____
- Yes No Do you own other homes? If yes, value of other homes \$ _____
- Yes No Are you a vehicle owner? If yes, number of vehicles owned _____
Value of vehicle 1 \$ _____ Vehicle 1 loan balance \$ _____
Value of vehicle 2 \$ _____ Vehicle 2 loan balance \$ _____
Value of vehicle 3 \$ _____ Vehicle 3 loan balance \$ _____
- Yes No Are you a business owner? Value of business \$ _____ Loan balance \$ _____
- Yes No Do you own residential rental property or land? Value of property \$ _____ Loan balance \$ _____
- Yes No Do you own stocks, bonds, 401k, or other investments? Value \$ _____
- Yes No Do you have a checking account? Amount \$ _____

- Yes No Do you owe money to family or friends? Amount \$ _____
- Yes No Do you have past due household bills? Amount \$ _____
- Yes No Do you have credit card bills? Amount \$ _____
- Yes No Do you have outstanding student loans? Amount \$ _____
- Yes No Do you have outstanding medical bills? Amount \$ _____
- Yes No Signature loan? Amount \$ _____
- Yes No Payday loans? Amount \$ _____
- Yes No Other loans? Amount \$ _____

Applicant Last Name _____

Local Agency: _____

- Yes No Are you eligible for TANF?
- Yes No Have you ever received TANF or AFDC?
- Yes No Do you currently receive TANF?
- Yes No Do you currently receive SS, SSI, or SSDI?
- Yes No Are you eligible for Earned Income Tax Credit (EITC)?
- Yes No Did you receive EITC on this year's tax return?
- Yes No Have you ever received EITC in prior tax years?
- Yes No Are you eligible for Minnesota Working Family Tax Credit?
- Yes No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?
- Yes No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?
- Yes No Do you have Health Insurance?
- Yes No Do you have Life Insurance?
- Yes No Do you currently use direct deposit for your paychecks?
- Yes No Will you use direct deposit for your FAIM account?
- Yes No Did you have an existing relationship with the organization prior to enrollment in FAIM?
- Yes No Were you referred to the FAIM program by another organization?
Who referred you? _____
- Yes No Do you currently receive food support? Amount per month \$ _____

- Yes No Decline to ID Have you ever had a checking account?
- Yes No Decline to ID Have you ever had a savings account?
- Yes No Decline to ID Have you ever used direct deposit?
- Yes No Decline to ID Have you ever used a pre-paid card?

Which asset will you be saving for?

- Business Capitalization
- First Home Purchase (have not owned a home in the past 3 years)
- Post-Secondary Education (at an accredited higher education institution)

Emergency Contact Information:

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Phone Number _____
 Relationship to applicant _____

Applicant Last Name _____ Local Agency: _____

I certify that the information in this application is true and correct to the best of my knowledge:

Applicant Signature Date

Applicant Printed Name

Credit Report: I give permission to the _____
to get a copy of my credit report at the **beginning AND end** of my participation in the FAIM program.

Applicant Signature Date

For Housing Asset

If a Spouse/Partner/Co-Borrower lives in the home and will co-sign on a loan, please fill out the following:

First and Last Name of Spouse/Partner/Co-Borrower

Social Security Number of Spouse/Partner/Co-Borrower Date of Birth

Signature giving permission to pull a credit report: Spouse/Partner/Co-Borrower Date

Consent for Release of Information

I, _____, give _____,
the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the above-named agency.

Applicant Signature Date

Applicant Last Name _____ Local Agency: _____