CONFIDENTIAL	Agency:			
Family Developmen		nt App ne Purchase		ehicle Purchase
Today's date / Asset Goal:	Hom	ie Repair	Vehicle Repair	Emergency
Last name: First nar	ne:			
Mailing Address:	City:		State:	Zip:
City/town of legal residence:	Ph	one:		
Gender: M / F Date of birth:/ E	Email addres	s:		
Ethnicity:				
Black Latino or H Latino Para			Native Amer	
□ White □ Asian, Pac				
How did you hear about the FDA program?				
Household members including yourself: (Pleas Name		<u>of this po</u> Age		onal names.) ionship
Name		Age	Keiui	ionsnip
Marital status:				
□ Single □ Married □ Divorced □ Separated			Widowed Domestic po	
 Employed more than full-time (overtime, or working more than one job) Employed full-time Employed part-time (up to 35 hours) Working and in school Laid off, waiting for call-back If employed, please provide: Job title 	 Currer Home Disable Retired 	ntly in sch maker, n ed, not se d, not see	ng employme nool or job trai ot seeking em eeking emplo eking employi	ning progran pployment yment ment
Name of employer	Ye	ars/mont	ths at current	iob
Highest level of education completed:				
□ Grade K-5 th □ High school □ Grade 6-8 th □ Some colle	ege cational scho	Dol D	2-year degre 4-year degre Attended gra	e
Are you presently eligible to receive TANF? Are you presently a TANF recipient? Have you ever used a pre-paid card? Have you ever used direct deposit for pay ch Did you receive Earned Income Tax Credit las Have you ever declared bankruptcy? Veteran? Disabled Veteran?	t tax season	YES YES YES	NO NO NO NO NO NO	
Revised 2021	I	Maine FD	A Coalition	1

Assets and liabilities (things you own and things you owe):

Do you own a vehicle? YE			
	S NO	If yes, value of primary vehicle: \$ Total value of other	Loan amount on primary vehicle: \$ Loan amount on other
Do you own a home? YE	s no	vehicles owned: \$ If yes, market value of home: \$	vehicles:\$ Mortgage amount on home: \$
Do you own a business? YE	s no	If yes, value of business: \$	Loan amount for business: \$
Do you own residential YE rental property or land?	s no	If yes, value of property: \$	Loan amount for property: \$
Do you own stocks, bonds, YE 401(k) or other investments?	S NO	If yes, value of investments: \$	
Do you have a checking YE account?	s no	If yes, amount in account: \$	
Do you have a savings YE account (other than FDA)?	s no	If yes, amount in account: \$	
Do you have past due YE household bills?	S NO		If yes, record amount: \$
Do you have student YE loans?	S NO		If yes, record amount: \$
Do you have unpaid YE medical bills?	S NO		If yes, record amount: \$
Do you have an unpaid YE personal loan?	S NO		If yes, record amount: \$
Do you have unpaid credit YE card bills?	s no		If yes, record amount: \$
Do you have health YE insurance?	S NO		
Do you have any accounts YE in collections on your credit report?	S NO		If yes, record amount(s): \$ for \$ for
Do you owe past due child YE support?	s no		
Do you owe income taxes YE to the IRS or any state?	s no		
Do you have access to YE gifts from family members or trust accounts?	S NO	If yes, record amount: \$	
TOTALS		ASSETS \$	LIABILITIES \$

For staff use:

A) NET WORTH (subtract Total Liabilities from Total Assets) =	\$
B) Value of primary vehicle + market value of home =	\$
C) Loan amount on primary vehicle + mortgage amount on hom	ne = \$
D) NET WORTH FOR FDA CONSIDERATION: $A - (B + C) =$	\$

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Monthly gross income of your household by source:

\$ Formal employment (before taxes and other withholdings)
\$ Self-employment (net after business expenses)
\$ TANF
\$ Food Stamps
\$ Other Government Assistance (SSI, Social Security, Unemployment Benefits, Veteran's Benefits, fuel assistance)
\$ Pensions or retirement income
\$ Child support/alimony payments
\$ Friends or family
\$ Investment income
\$ Other (Please specify)
\$ TOTAL MONTHLY INCOME

Please estimate your monthly Household Expenses:

Source	Amount	Source	Amount	Source	Amount
Rent/mortgage		Groceries*		Alimony	
Utility costs		Car payment		Medical bills	
Water/sewer		Car insurance		Credit cards	
Phone bill		Car fuel/maint.		Entertainment	
School loan		Clothing		Withholdings	
Home fuel		Child care		Other	
costs*					
Cable bill		Child support		Other	
SUBTOTALS					

\$

TOTAL MONTHLY EXPENSES (sum of subtotals)

*This figure should reflect the total amount your family pays in groceries or fuel, including what is covered by Food Stamps or LIHEAP.

Please use your totals from above to find how much you might be able to save each month:

TOTAL MONTHLY INCOME minus	\$
TOTAL MONTHLY EXPENSES	\$
DISCRETIONARY INCOME	\$

FOR OFFICE USE ONLY:

□Income eligible-Yearly Income= \$_____ (meets \$_____ guideline). _____

CONFIDENTIAL	
Form of income verification: _	

Asset specific training is a program requirement; would you be willing to attend financial literacy training and asset specific training online or in a classroom setting (homebuyer education) as a condition of participation in the program? YES / NO If no, please explain what might prevent you from attending.

What asset goal do you wish to save for?	***Asset goals that <u>require a minor</u> <u>child in the household</u> ***
— Home ownership Small business start-up/expansion	 Home repair Vehicle purchase Vehicle repair Emergency Savings
Please describe what you hope to gain fro	om participating in this program.
Please provide the name and address of some	eone who would know where you live even if you move:
First name: Last	name:

Address:			
City:	State:	Zip:	_Phone:

The Maine FDA Coalition may collect demographic and other information from FDA participants to learn more about financial experiences and savings. Occasionally follow-up information is also collected for the purposes of deterring programs and services in which you may participate. I understand that this data will be used to measure aggregate trends and all personal information will be kept confidential. Your consent will assist us in serving you better.

Signature of Applicant

Date

Signature of FDA Intake Worker

Relation:

Date

Telephone #