

Family Development Account Application

Home Purchase Business Vehicle Purchase

Today's date ____ / ____ / ____ Asset Goal: Home Repair Vehicle Repair Emergency

Last name: _____ First name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

City/town of legal residence: _____ Phone: _____

Gender: M / F Date of birth: ____/____/____ Email address: _____

Ethnicity:

- Black
- White
- Latino or Hispanic
- Asian, Pacific Islander
- Native American
- Other _____

How did you hear about the FDA program? _____

Household members including yourself: (Please use back of this page for additional names.)

Name	Age	Relationship

Marital status:

- Single
- Divorced
- Married
- Separated
- Widowed
- Domestic partner

Employment status:

- 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
- Currently seeking employment
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment
- Self employed

If employed, please provide: Job title _____

Name of employer _____ Years/months at current job _____

Highest level of education completed:

- Grade K-5th
- Grade 6-8th
- Grade 9-12th
- High school/GED
- Some college
- Trade/Vocational school
- 2-year degree
- 4-year degree
- Attended graduate school

Place of residence:

- Urban (pop. 50,000 +)
- Urban Cluster (pop. 2,500-49,999)
- Rural (pop. < 2,500)

Are you presently eligible to receive TANF? YES NO

Are you presently a TANF recipient? YES NO

Have you ever used a pre-paid card? YES NO

Have you ever used direct deposit for pay checks? YES NO

Did you receive Earned Income Tax Credit last tax season? YES NO

Have you ever declared bankruptcy? YES NO

Veteran? YES NO

Disabled Veteran? YES NO

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

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

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 costs*		Child care		Other	
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). _____

