

Helping hands helping people.

Dear Applicant,

Thank you for your interest in the Creating Assets, Savings and Hope (CASH) Kansas Individual Development Account (IDA) Program offered by Interfaith Housing & Community Services, Inc. Through education and asset building, this program empowers individual and families of low to moderate income levels to achieve financial self-sufficiency by teaching new habits of financial responsibility.

Qualified households must meet income and asset guidelines, must have earned income, and must agree to complete eHomeAmerica Money Management along with other required education components. Specific details and instructions will be provided upon approval of your application.

If you are interested in this program, please complete and return the enclosed application to Interfaith Housing Services, Inc. Upon receipt of your application, I will complete a review of your information and will contact you regarding the next steps.

Please contact me with any questions.

Sincerely,

Rose Smyres

IDA Program Manager

roses@interfaithks.org

620-259-9927

Interfaith Housing & Community Services, Inc. Creating Assets, Savings, and Hope (CASH) Program Kansas Individual Development Account (IDA) Program

APPLICANT INFOR	<u>MATION</u>	DATE:	//	
Applicant Name:	First Name	Last Name		Middle Initial
Phone:		Email Address:(*required – please indicate an	n email you check re	egularly)
Current Address:	Street	City	State	Zip
Mailing Address: (if different)	Street	City	State	Zip
Are you a legal reside	nt of the state of Kansas? Ye	es No County of Residence	:	
Residence Location T	ype: Rural (under 90,000)	Urban (above 90,000) H	ousing Type: Ren	nt Own
Date of Birth:	//	Age:	Gender:	
Race/Ethnicity: Afri	can American Caucasian L	atino/Hispanic Asian/Pacific Is	slander Native An	nerican Other
Marital Status: Singl	e Married Divorced Separa	tted Widowed Employment	Status: Full-Time	Part-Time
Highest Education Le (Highest Completed)	vel: < High School Diplor Bachelor's Degree			e's Degree 's Degree

HOUSEHOLD COMPOSITION

Name (First and Last)	Date of Birth	Age	Gender	Relationship to Head of Household
1.				Head of Household
2.				
3.				
4.				
5.				
6.				

^{*}Interfaith Housing and Community Services, Inc., collects and holds your email address in order to send you the information regarding the services you have requested and to maintain contact with you as a program participant. Your email may be used for program newsletters and notifications of upcoming program events. Interfaith respects your privacy and will not give your email address to any third parties.

HOUSEHOLD INCOME INFORMATION

Is any	y individual living in the home receiving inco	me from.			
	Employment (Before Taxes)?		YES, amount per month:		
	Self-employment? Social Security? Supplemental Security Income (SSI)? Pensions / Annuities / Retirement Funds? Veterans Administration Benefits?		YES, amount per month:		
			YES, amount per month: YES, amount per month: YES, amount per month: YES, amount per month:		
	Disability / Death Benefits?	NO NO NO	YES, amount per month: YES, amount per month:		
	Life Insurance Dividends?				
	Unemployment Compensation?				
	Workers' Compensation?				
	Severance Pay?	NO			
	Military Pay?	NO			
	Public Assistance (TANF/Food Stamps)?		YES, amount per month:		
	Child Support?	NO	YES, amount per month:		
	Alimony?	NO	YES, amount per month:		
	Lottery Winnings and/or Inheritances?	NO	YES, amount per month:		
	Other Income (not listed above)?	NO	YES, amount per month:		
	TOTAL HOUSEHO	OLD MO	(Add monthly income listed above)		
HOU	SEHOLD ASSET/LIABILITY INFORMAT	ION			
	any individual living in the home have liquid sit, safety deposit boxes, trust accounts, saving		avings accounts, money market accounts, certificates of stocks and/or securities, etc.)?		
NO	YES, total current balance:		(assets)		
In ad	dition to the current residential property, is t	here any	other real estate owned by anyone in the household?		
NO	YES, total current value:	(assets)			
In ad	dition to one household vehicle, are there any	other ve	hicles owned by anyone in the household?		
NO	YES, total current value:	(assets)			
	any individual living in the home have debt (), credit card, medical bills, etc.)?	mortgage	e loans, car loans, student loans, personal loans, payday		
NO	YES, total current balance:		(liabilities)		

TOTAL HOUSEHOLD ASSETS

INCOME VERIFICATION

Applicants <u>must provide documentation with the application</u> to verify earned income <u>and</u> income eligibility.

Every source of income in the household must be verified using <u>one of the documentation methods below</u>. If you have questions about what documentation is needed, please contact Interfaith prior to submitting the application.

Earned Income – must be income from a wage or salary received from an employer or from small business proceeds for personal use; does not include Social Security, disability, unemployment, etc.

- Most recent paystubs from the last three (3) consecutive months
- Previous years W-2s or tax return documents
- Written statements from employers (Must be on business letterhead <u>and</u> be signed and dated by the business's Human Resources Department)
- Business account bank statements from the last three (3) consecutive months (for self-employment)

Income Eligibility – gross household income from all sources must fall below 200% of the current federal poverty guidelines

- Most recent paystubs from the last three (3) consecutive months
- Previous years W-2s or tax return documents
- Written statements from employers (Must be on business letterhead <u>and</u> be signed and dated by the business's Human Resources Department)
- Accounting and/or business records showing net income (for self-employment)
- Third party documents for child support and/or alimony received (i.e. divorce decree, affidavit, child support payment history showing at least 60 days of history)
- Most recent awards letter and/or benefits statement for Social Security, disability, Supplemental Security Income, unemployment, worker's compensation, veteran's benefits, public assistance (TANF/Food Stamps), retirement, pensions, etc. (Must be dated within the last 60 days)
- Other documents as requested by Interfaith in order to verify eligibility

APPLICANT CERTIFICATION

I certify under penalty of perjury that all information provided in this application is true and complete to the best of my knowledge and belief. Furthermore, I understand that willful misrepresentation of any information provided constitutes fraud which will result in disqualification for any Interfaith Housing and Community Services, Inc., assistance and may result in legal action in order to recover expenses.

Signature Date

PROGRAM REFERRAL

Please list the name of the agency, organization, business, or friend/relative who referred you to Interfaith for the Creating Assets, Savings and Hope (CASH) Kansas Individual Development Account (IDA) Program:

INTENDED ASSET

Please circle which of the following assets you intend to pursue in the IDA Program (pick one):

First-Time Homeownership Post-Secondary Education

Small-Business Capitalization Home Repairs