



IDA Participant: _____ Date: _____

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

- _____ Copy of your 2011 Income Tax Return
- _____ Copy of your most recent check stub
- _____ Calculate your net worth for the previous year (2011)
(make appointment with lending staff)
- _____ Need to know what your monthly obligations are:
 - Food \$ _____
 - Rent \$ _____
 - Electricity \$ _____
 - Propane \$ _____
 - Car Payment 1 \$ _____
 - Car Payment 2 \$ _____
 - Credit Card Payment 1 \$ _____
 - Credit Card Payment 2 \$ _____
 - Other (phone, cable, internet, etc.) \$ _____
 - Total \$ _____

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



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?

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

Please check yes or no for the following questions.

	Yes	No
Do you own a vehicle(s)?		
Do you own a home?		
Do you own a business?		
Did you qualify for Earned Income Tax Credit?		
Do you have a checking account?		
Do you have a savings account?		
Have you ever used Direct Deposit?		
Do you have current debt? (If yes, amount of balance \$ _____.)		

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: _____

For Office Use Only

Application complete eligible for program

Date received: _____ Application reviewed by: _____

Executive Director's approval for participation in IDA program.

Date reviewed: _____ Signature: _____

Participant start date: _____

Paper file established

Data entered in TEA

Return completed application to: Lakota Funds PO Box 340, Kyle, SD 57752
For questions, call at (605) 455-2500

2011 I.D.A. Income Guideline

200% of Federal Income Poverty Guidelines:

<u>Persons in Family</u>	<u>Guideline</u>
1	\$21,780
2	\$29,420
3	\$37,060
4	\$44,700
5	\$52,340
6	\$59,980
7	\$67,620
8	\$75,260