[](http://www.minnesotafaim.org/)**FAIM Program**

**Wait List/Enrollment Screening Tool**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MN Zip: \_\_\_\_\_\_\_\_\_\_\_\_

**Intended Asset Track:** Home Purchase Education Business: Start-up Enhancement

Yes No Are you able to obtain the intended asset in the next 18-24 months?

**Applicant:**

Yes No US Citizen or eligible Non-citizen

Yes No Minnesota resident **(must be a MN resident through exit from program)**

Yes No At least 18 years old

Yes No Have current earned income (employment, self-employment, unemployment, worker’s compensation)

Yes No Able to deposit at least $40 (or more) each month from earned income

Yes No Have net assets of $10,000 or less

Yes No Home purchase asset track:

Yes No Current credit score is 640 or above

Yes No Have you or your spouse owned a primary residence in the last 3 years

Yes No Household annual gross income below 200% of poverty guideline **(see table below)**

Yes No Have you or any other household members been enrolled in FAIM

If yes, provide names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Match funds will be paid on a first come, first-serve basis to qualified participants for eligible expenditures.*
* *Payout of match dollars is contingent on funds remaining in state and/or federal grants and are not guaranteed.*
* *All payouts* must *be completed by March 26, 2021 due to the end of the grant period.*

|  |  |  |  |
| --- | --- | --- | --- |
| **2019 Federal Poverty Guideline (FPG)** | | | |
| 48 Contiguous States & District of Columbia | | | |
| **Family Size** | **100% FPG (divide HH annual gross income by this # to find % of FPG)** | **151% FPG** | **200% FPG (HH annual gross income must be less than this #)** |
| 1 | **$12,490.00** | $18,859.90 | $24,980.00 |
| 2 | **$16,910.00** | $25,534.10 | $33,820.00 |
| 3 | **$21,330.00** | $32,208.30 | $42,660.00 |
| 4 | **$25,750.00** | $38,882.50 | $51,500.00 |
| 5 | **$30,170.00** | $45,556.70 | $60,340.00 |
| 6 | **$34,590.00** | $52,230.90 | $69,180.00 |
| 7 | **$39,010.00** | $58,905.10 | $78,020.00 |
| 8 | **$43,430.00** | $65,579.30 | $86,860.00 |
| 9 | **$47,850.00** | $72,253.50 | $95,700.00 |
| 10 | **$52,270.00** | $78,927.70 | $104,540.00 |
|  |  |  |  |
| **For each additional family member add:** | **$4,420.00** | $6,674.20 | $8,840.00 |
| ***FAIM eligibility: HH annual gross income must be under 200% FPG.*** | | | |