



FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA (FAIM)

New Participant Application

LOCAL AGENCY USE ONLY:

Agency Name: _____ FAIM Coach: _____

FAIM Savings Account Number: _____ Date of 1st Deposit: _____

Savings Timeline Ends by: **March 1, 2021**

Spending Timeline Ends: **March 26, 2021**

Asset: Education Home Purchase Business

Grant Number: 0953

Saving on behalf of a dependent for Education

Sent to state FAIM office for approval

Please print clearly and answer all questions except gray shaded boxes.

First Name: _____ Middle Name: _____

Full Last Name: _____

Email Address: _____

Phone Home: _____ Mobile: _____ Work: _____

Home Address: _____ Lot/Apt: _____

City: _____ State: MN Zip Code: _____ County: _____

Mailing Address: *(only if different than Home Address)* _____

City: _____ State: MN Zip Code: _____

Gender Identification: Female Male Other Decline to ID

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Applicant Marital Status (choose one):

Single (*never* married) Married Separated Divorced Widowed Other: _____

Applicant PRIMARY Race (choose one):

American Indian or Alaskan Native Asian or Pacific Islander Black White Multiracial
 Unknown Decline to ID

Applicant Ethnicity (choose one): Hispanic or Latino Not Hispanic or Latino Decline to ID

Applicant:

Immigrant Refugee Not Applicable Country of origin: _____

Yes No Are you the head of household?

Yes No Are you a single parent?

Yes No Are you disabled?

Yes No Are you a veteran? If yes, which war/conflict: _____

Yes No Are you a Minnesota resident?

Are you: US Citizen **OR** Eligible Non-Citizen

Housing (choose one):

- Own
- Rent
- Public
- Subsidized
- Homeless
- Other - specify: _____

Monthly rent or mortgage payment: \$ _____

Health Insurance (complete both columns):

Primary Source for Applicant:

- Coverage through a job
- Coverage through spouse's job
- Coverage through self-employment
- Private insurance
- State plan
- Medicaid
- Medicare
- Other – specify: _____
- None

Health Insurance for Household:

- All members insured
- Some members insured
- No members insured
- Don't know
- Decline to ID

Applicant's Annual Income Range (choose one):

- \$0 to \$15,000
- \$15,001 to \$22,000
- \$22,001 to \$30,000
- Over \$30,000

Total number of people in the household:

Number of adults: One Two Three Four Five Six Seven Eight+

Number of children: Zero One Two Three Four Five Six Seven Eight+

Your Highest Level of Education Completed (Mark one):

- Grade K-5
- Grade 6-8
- Grade 9-11
- High School Diploma
- GED
- Vocational School
- Some College
- AA Degree (2-year degree)
- BA/BS Degree (4-year degree)
- Some Graduate School
- MA/MS Graduate Degree

Your Employment Status (Mark one):

- Employed full-time (35 hours or more weekly)
- Employed part-time (up to 35 hours weekly)
- Unemployed
- Self-Employed full-time (FT)
- Self-Employed part-time (PT)
- Working FT PT and in school
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Applicant Last Name _____

Local Agency: _____

Applicant – MONTHLY Gross Income – from income documentation provided

Formal Employment \$ _____
 Self-Employment \$ _____
 Government Assistance (TANF, SSI, Unemployment, Other: _____) \$ _____
 Pension/Retirement \$ _____
 Child Support - Yes No \$ _____
 Alimony - Yes No \$ _____
 Friends/Family \$ _____
 Investments \$ _____
 Other Income (Source of Other Income _____) \$ _____

Applicant - TOTAL MONTHLY gross income - from documentation provided: \$ _____

Other Household Member – MONTHLY Gross Income – from income documentation provided

Other Household Member Name: _____

Formal Employment \$ _____
 Self-Employment \$ _____
 Government Assistance (TANF, SSI, Unemployment, Other: _____) \$ _____
 Pension/Retirement \$ _____
 Child Support - Yes No \$ _____
 Alimony - Yes No \$ _____
 Friends/Family \$ _____
 Investments \$ _____
 Other Income (Source of Other Income _____) \$ _____

Other HH Member - TOTAL MONTHLY gross income - from documentation provided: \$ _____

HOUSEHOLD - TOTAL MONTHLY GROSS INCOME: \$

Household Members: All individuals who share use of a dwelling unit as primary quarters for living and eating.

First Name	Middle Initial	Full Last Name	Date of Birth	Relationship to You <small>(daughter, son, spouse, etc.)</small>

If more space is needed to list household members, please attach another sheet of paper.

Applicant Last Name _____ **Local Agency:** _____

LOCAL AGENCY USE ONLY:

Credit Score - REQUIRED: Equifax _____ Experian _____ TransUnion _____ Tri-Merge _____

Residence (mark one): Major Urban Area – over 1 million people
 Minor Urban Area – under 1 million people
 Rural/Remote Area

Area Median Annual Income: \$ _____ (this may be Googled)

ANNUAL Gross Income of Household: \$ _____ (from income documentation provided with this application)

Total number of members in family: _____ **100% of Federal Poverty Guideline for family size:** \$ _____

****To determine income level:** Divide yearly gross income of HH by 100% of Federal Poverty Guideline for family size.

Income Level (mark one): Below 100% of Poverty Guideline 100% to 150% 151% to 200% Over 200% (ineligible)

Proof of income (submit ONE of the following with the application):

Most recent year’s Federal 1040 tax form (Preferred) Previous year’s W-2 Forms Previous three month’s pay stubs

Proof of Government Assistance and/or income from friends or family: (must provide additional documentation):

Public benefit award letter
 Notarized letter from family or friend stating the dollar amount and time-period of support

******* THIS BOX IS FOR STATE FAIM ADMIN USE ONLY *******

Approved Denied - Reason: _____

Net Assets: \$ _____ State FAIM Admin Signature: _____

Yes No Are you a homeowner? Value of home \$ _____ Loan balance \$ _____

Yes No Do you have a savings account now? Account balance \$ _____

Yes No Do you own other homes? Value of other homes \$ _____

Yes No Are you a vehicle owner? If yes, number of vehicles owned _____

Value of vehicle 1 \$ _____ Vehicle 1 loan balance \$ _____

Value of vehicle 2 \$ _____ Vehicle 2 loan balance \$ _____

Value of vehicle 3 \$ _____ Vehicle 3 loan balance \$ _____

Yes No Are you a business owner?
Value of business \$ _____ Loan balance \$ _____

Yes No Do you own residential rental property or land?
Value of property \$ _____ Loan balance \$ _____

Yes No Do you own: Stocks, Bonds, 401k, Other Investments Value \$ _____

Yes No Do you have a burial account? Value \$ _____

Yes No Do you have a checking account now? Balance \$ _____

Yes No Do you owe money to family or friends? Balance \$ _____

Yes No Do you have past due household bills? Balance \$ _____

Yes No Do you have credit card bills? Balance \$ _____

Yes No Do you have outstanding student loans? Balance \$ _____

Are your student loans in default? Yes No

Yes No Do you have outstanding medical bills? Balance \$ _____

Yes No Signature loan? Balance \$ _____

Yes No Payday loan? Balance \$ _____

Yes No Other loans not listed above? _____ Balance \$ _____

Applicant Last Name _____ **Local Agency:** _____

- Yes No Are you eligible for TANF?
- Yes No Have you ever received TANF or AFDC?
- Yes No Do you currently receive TANF?
- Yes No Do you currently receive SS, SSI, or SSDI? Amount per month \$ _____
- Yes No Do you owe back taxes to the IRS/federal government?
- Yes No Are you eligible for Earned Income Tax Credit (EITC)?
- Yes No Did you receive EITC on this year's tax return?
- Yes No Have you ever received EITC in prior tax years?
- Yes No Are you eligible for Minnesota Working Family Tax Credit?
- Yes No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?
- Yes No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?
- Yes No Do you have Health Insurance?
- Yes No Do you have Life Insurance?
- Yes No Do you currently use direct deposit for your paychecks?
- Yes No Did you have an existing relationship with the organization prior to enrollment in FAIM?
- Yes No Were you referred to the FAIM program by another agency/organization/person?
How did you hear about FAIM? _____
- Yes No Do you currently receive food support? Amount per month \$ _____
- Yes No Did/Will someone else claim you as a dependent on their 2019 federal tax return?
If yes, who: _____ Their relationship to you: _____
- Yes No Have you ever had a checking account? Decline to ID
- Yes No Have you ever had a savings account? Decline to ID
- Yes No Have you ever used a pre-paid card? Decline to ID
- Yes No Have you ever been enrolled in FAIM?
- Yes No Will you use direct deposit for your FAIM account?

Which asset will you be saving for? (choose one):

- First Home Purchase (you and/or your spouse may not have owned a home/property within the last 36 months)
- Business Development
 - Start-up Expansion/Enhancement
- Post-Secondary Education (at an accredited higher education institution)
 - I will be saving on behalf of a dependent for education (spouse, child, or tax dependent)

Emergency Contact Information – Required: List someone that can reach you if we lose contact with you.

First Name _____ Last Name _____
 Address _____ Apt/Lot _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Phone Number _____
 Email _____ Relationship to You _____

Applicant Last Name _____ Local Agency: _____

I certify that the information I provided on this application is true and correct to the best of my knowledge:

Applicant Signature Date

Applicant Printed Name

Consent to Obtain Credit Report (required)

I give permission to _____ (local FAIM agency) to obtain a copy of my credit report/score at the **beginning AND end** of my participation in the FAIM program.

Applicant Signature Date

***** For Home Asset Track *****

Provide information below on spouse/partner/co-borrower living with the applicant who may co-sign loan:

First Name Middle Initial Full Last Name

Social Security Number Date of Birth

Spouse/Partner/Co-Borrower Signature - **giving permission to pull a credit report** Date

Consent for Release of Information (to share my story)

I, _____, give _____ (local FAIM agency), the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion of the program, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the agency listed above.

Applicant Signature Date

Applicant Last Name _____ Local Agency: _____