



FAIM Program

Exit Form

This form is required when a participant’s FAIM enrollment ends for any reason.

Local Agency: _____ FAIM Coach: _____

Participant’s Full Name: _____

Participant’s FAIM Savings Account Number: _____

FAIM Grant: _____ First Deposit Date: _____ Exit Date: _____

Asset Track: Education Home Purchase Business Development Vehicle Purchase

Primary reason for exit *(choose one)*:

Payout Completed:

- Reached IDA goal – Full use of match
- Reached IDA goal – Partial use of match

No Payout Completed:

- Car / home expenses
- Client lost interest in program
- Deceased
- Domestic reasons
- Loss of job / income
- Lost contact with client
- Medical reasons
- Moved out of area / state
- Not able to qualify for mortgage
- Not making deposits to FAIM savings account
- Reached spending time limit
- Other – Specify:** _____

Other/Program:

- Not eligible for program – Specify: _____
- Violated program rules
- Withdrew FAIM savings without program authorization

Exit Notes:

Total savings deposited into his/her FAIM account: \$ _____

Total match earned on his/her FAIM savings: \$ _____

Total amount FAIM paid out to vendors for his/her asset: \$ _____

Final credit score at end of FAIM enrollment *(Required)*: _____

Source of final credit score (example: Experian, Equifax, etc): _____

FAIM Asset Information**Home Purchase Asset:** Closing **OR** Principal Reduction

Street address: _____

City: _____ State: MN Zip Code: _____

Mortgage lender: _____

Date purchased: _____ Purchase price: \$ _____

Loan amount: \$ _____ Interest rate: _____ %

Loan type: _____ Loan duration: _____

Other resources leveraged (example: First Time Homebuyers, Habitat for Humanity, Rehab Program, etc.): _____

Other resources total: \$ _____ Annual property taxes: \$ _____

Education Asset: Self **OR** Spouse/Dependent: _____

Field(s) of study: _____

Credits earned to date: _____

Diploma/degree granted: _____ Date: _____

Certificate or license obtained: _____ Date: _____

Overall total tuition/fees paid to date: \$ _____

Current student loan balance: \$ _____ Lender name: _____

List other resources leveraged (example: grants, scholarships, special programs, etc.): _____

Other resources total: \$ _____

Business Development Asset: Start-up **OR** Enhancement

Business name: _____

Street address: _____

City: _____ State: MN Zip Code: _____

Description/type of business: _____

Current value of the business: \$ _____ Annual gross sales: \$ _____

Current business loan balance: \$ _____ Lender name: _____

Vehicle Purchase Asset: Dealership **OR** Private Seller

Year: _____ Make: _____ Model: _____

Odometer reading: _____ Date purchased: _____

Vehicle sale price: \$ _____ Total purchase price w/fees: \$ _____

Lender: _____

Loan amount: \$ _____ Interest rate: _____ % Loan duration: _____

List other resources leveraged: _____

Other resources total: \$ _____

Participation in other income transfer or tax credit programs: Yes No Currently receiving TANF Yes No Federal Earned Income Tax Credit recipient – most recent tax year Yes No State Working Family Tax Credit recipient – most recent tax year Yes No Childcare Tax Credit recipient – most recent tax year

Participant Current Demographics:

Street Address: _____ Apt/Lot: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Marital Status: _____ Employment Status: _____
 Housing Status: _____ Health Insurance: _____
 Income Range: _____ Education Completed: _____

Net Worth:

Current Assets:

Vehicle 1 value: \$ _____
 Vehicle 2 value: \$ _____
 Vehicle 3 value: \$ _____
 Home value: \$ _____
 Business value: \$ _____
 Other property value: \$ _____
 Savings balance: \$ _____
 Checking balance: \$ _____
 401k, IRA, etc. value: \$ _____
 Stocks/bonds value: \$ _____
 Other investments value: \$ _____

Current Liabilities:

Vehicle 1 loan balance: \$ _____
 Vehicle 2 loan balance: \$ _____
 Vehicle 3 loan balance: \$ _____
 Mortgage balance: \$ _____
 Business loan balance: \$ _____
 Other property balance: \$ _____
 Other loans balance: \$ _____
 Balance owed to family/friends: \$ _____
 Past due household bills balance: \$ _____
 Credit card(s) balance: \$ _____
 Student loan balance: \$ _____
 Medical bills balance: \$ _____

Current Household Gross Income per Month:

Income Source	FAIM Participant	Name:	Name:
Formal employment	\$	\$	\$
<input type="checkbox"/> Self-employment <input type="checkbox"/> Odd jobs	\$	\$	\$
<input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp	\$	\$	\$
Gov't Assist (TANF, Food Supp, Social Security Benefits)	\$	\$	\$
<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	\$	\$	\$
Funds from family / friends	\$	\$	\$
Pension / retirement income	\$	\$	\$
Veteran's benefits	\$	\$	\$
Investment income	\$	\$	\$
Other income: _____	\$	\$	\$

Participant debt payment at the end of FAIM enrollment:

Monthly rent or mortgage payment (include escrow amount for taxes and insurance): \$ _____
 Monthly vehicle loan payments total: \$ _____
 Monthly student loan payments: \$ _____
 Monthly minimum credit card payments: \$ _____
 Monthly installment or personal loan payments: \$ _____
 Monthly minimum line of credit payments: \$ _____
 Monthly child support and/or alimony payments: \$ _____