



FAIM Program

Cornerstone Private Match Exit Form

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

Local Agency: _____ FAIM Coach: _____

Participant's Full Name: _____

Participant FAIM Savings Account Number: _____

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

Asset Track: Vehicle Purchase Home Repair

Primary reason for exit (choose one):

Payout Completed:

- Reached IDA goal – Full use of Cornerstone match
- Reached IDA goal – Partial use of Cornerstone 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 able to save
- Reached program spending time limit
- Other - Specify: _____

Other/Program:

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

Exit Notes:

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

Total Cornerstone match earned on savings (up to \$4500): \$ _____

Total amount (savings + match) paid out to vendor to obtain his/her asset: \$ _____

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

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

Asset Information

Vehicle Purchase Asset:

Date purchased: _____
 Dealership/Seller: _____
 Bank/Lender: _____
 Purchase price: \$ _____
 Loan amount: \$ _____
 Loan term - number of months: _____
 Interest rate: _____
 Monthly payment: \$ _____
 List other resources/programs leveraged: _____
 Total amount of other resources leveraged: \$ _____
 Additional Comments:

Home Repair/Remodel Asset:

Funds used for: _____
 Date of home purchase: _____
 Street address: _____
 City: _____ State: _____ Zip Code: _____
 Mortgage lender: _____
 Value of home: \$ _____
 Loan balance: \$ _____
 Loan type: _____
 Loan term/number of years: _____
 Interest rate: _____
 Annual property taxes: \$ _____
 Other resources/programs leveraged: _____
 Total amount of other resources leveraged: \$ _____
 Additional Comments:

Participation in other income transfer or tax credit programs:

- Yes No Current TANF/MFIP recipient
 Yes No Earned Income Tax Credit recipient - current year
 Yes No Working Family Tax Credit recipient - current year
 Yes No Childcare Tax Credit recipient - current 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: \$ _____