



Date Application Received: _____

Portland Housing Center Individual Development Account

APPLICATION

Please fill out this application completely and attach all required documents.
If you have any questions, please call 503.282.7744 x 103.

Full Name: _____	SSN or ITIN#: _____ - _____ - _____
Home Telephone #: _____	Mobile or Work Telephone #: _____
Home Address: _____	
City: _____	State: _____ Zip code: _____ County: _____
Mailing Address (if different than address above): _____	
City: _____	State: _____ Zip code: _____ County: _____
E-mail address: _____	Date of birth: _____ / _____ / _____

Gender: Marital Status:

- Male Single Separated Widowed
 Female Married Divorced In a domestic partnership
 Other

Are you a farm worker? Yes No

Are you a veteran? Yes No

Education Completed:

- Grade 0 – 8th
 Some high school
 High School diploma or GED
 Some college
 2-year college
 4-year degree (college graduate)
 Attended graduate school
 Graduate degree

Ethnicity/Race:

- Black/African American
 White
 Asian
 Pacific Islander/ Native Hawaiian
 Native American
 Alaskan Native
 Multiracial or other

Hispanic Yes No

Location of your residence:

- Urban
 Rural
 Suburban
 Reservation

School Status:

- enrolled-full time
 enrolled-part time
 not enrolled

Family Type:

- Single
 2 or more adults with NO children
 2 parent household
 Single mother
 Single father
 Other family type (_____)

TOTAL HOUSEHOLD SIZE: _____

How many adults (18 years and older) *including you*? _____
How many children (under 18 years old)? _____

What is your estimated time frame for buying a home?

- 6 months
 12 months
 24 months
 36 months

Country of origin: _____ **Primary language spoken in your household?** _____

If not English, is English also spoken? Yes No

Do you currently have health insurance? Yes No **If yes, is it the Oregon Health Plan?** Yes No

Do you currently have an IDA account? Yes No **If yes, with what organization:** _____

Have you ever had an IDA account? Yes No If yes, in what program and how much match money did you received? _____

Does anybody else in you household have an IDA account? Yes No

Have you filed bankruptcy petition within the past seven years? Yes No

Discharge date of bankruptcy: _____

Have you completed the Financial Fitness class? Yes No Date completed: _____

Have you met with a home buying counselor at PHC? Yes No

Please list all household members not including your self. Be sure to list everyone who lives with you (including children or other dependents), even if they don't receive any income.

Full Name	Age	Relationship to you

EMPLOYMENT HISTORY

Please mark Employment status:

- Employed more than full-time (overtime or working more than one job)
- Employed Full Time (35-40 hours)
- Employed part-time (up to 35 hours)
- Unemployed: disabled
- Unemployed: looking for work
- Unemployed: not looking for work
- Unemployed: retired

Current Employer (if self-employed please indicate):

Company Name:	Employed (state month/year) From: _____ To: _____
City:	Wage: \$ _____ Per Hour or Month (circle one)
Position/Type of Work:	Average Number of hours worked weekly: _____

Secondary Employer (if you work more than one job):

Company Name:	Employed (state month/year) From: _____ To: _____
City:	Wage: \$ _____ Per Hour or Month (circle one)
Position/Type of Work:	Average Number of hours worked weekly: _____

Spouse/Partner Current Employer:

Company Name:	Employed (state month/year) From: _____ To: _____
City:	Wage: \$ _____ Per Hour or Month (circle one)
Position/Type of Work:	Average Number of hours worked weekly: _____

Please write down the monthly income your **household** gets from each of the following sources **monthly**. If it is none, place a zero in the blank:

A. SOURCES OF INCOME

- \$ _____ **Your** Monthly Gross Income
- \$ _____ Self-employment Income
- \$ _____ Monthly Gross Income of **others** members of your household
- \$ _____ Investment income
- \$ _____ Retirement/Pension (current account total)
- \$ _____ Child Support/Alimony
- \$ _____ Unemployment Insurance
- \$ _____ Other General Government Assistance

- \$ _____ Auxiliary/Dependent Benefit
- \$ _____ Social Security (SSI/SSD)
- \$ _____ Other income
- \$ _____ **Sub-Total A**

B. OTHER SERVICES RECEIVED

- \$ _____ Food Stamps
- \$ _____ TANF
- \$ _____ WIC
- \$ _____ Earned Income Tax Credit
- \$ _____ Employer Related Daycare
- \$ _____ Free or Reduced School Lunch
- \$ _____ Low Income Energy Assit.Prg
- \$ _____ Head Start

- \$ _____ Emergency Food Assistance
- \$ _____ Federal Housing Assistance (section 8/Public Housing/Low income Housing)
- \$ _____ Vocational Rehabilitation
- \$ _____ Housing Assistance
- \$ _____ State Working Family Child Care Tax Credit
- \$ _____ **Sub-Total B**

Calculating Total Adjusted Gross Income: Sub-total A: _____ Sub-total B: _____ GROSS INCOME _____

ASSETS

Do you own the following? If YES, what is their value?

*Vehicle 1: \$: _____ *Vehicle 2: \$: _____

Total Vehicle value: \$ _____

Cash: \$ _____

Checking account balance: \$ _____

Savings Account balance: \$ _____

CDs: \$ _____

Children's Saving CDs: \$ _____

Retirement 401/k/IRA: \$ _____

Investments (stocks, bonds): \$ _____

Business bank account balance \$ _____

Business Asset/Inventory amount \$ _____

Other: \$ _____

LIABILITIES

What is the amount that you owe?

Vehicle 1: \$: _____ Vehicle 2: \$: _____

Total Vehicle Debt: \$ _____

Unpaid income/property taxes: \$ _____

Unpaid child support: \$ _____

Credit card debt: \$ _____

Student loan debt: \$ _____

Business debt: \$ _____

Medical debt: \$ _____

Personal line of credit: \$ _____

Debt to family/friends: \$ _____

Other debts: _____ \$ _____

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____ (Assets minus Liabilities)

*Net worth calculation excludes the primary vehicle of the highest value.

To be completed by IDA Staff Program Staff:

Full Net Worth: \$ _____ IDA Eligible Net Worth: \$ _____

MONTHLY CONSUMER DEBT PAYMENTS (Minimum Payments):

Creditor

Creditor _____

Creditor _____

Creditor _____

Creditor _____

Creditor _____

Monthly Payment:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Balance:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Monthly Debt Payment:

\$ _____

Monthly Expenses	Monthly Amount
Total monthly Debt Payment (sum of all minimum monthly debt payments)	
Rent	
Electricity	
Gas/oil	
Water/sewer	
Garbage	
Telephone – regular home	
Cellular phone	
Internet service	
Cable TV	
Renter's insurance	
Other housing expenses	
Health insurance/health care expenses	
Groceries	
Lunches: school	
Lunches: work	
Child care	
Tobacco & alcohol	
Laundry/dry cleaning	
Pet care/supplies	
Child support	
Clothing (including shoes)	
Personal care (haircuts, cosmetics)	
Entertainment (including babysitting)	
Education (class fees, books)	
Gasoline	
Car insurance	
Car servicing & repairs	
Parking	
Bus fare	
Medication	
Life/disability insurance	
Other expenses:	
TOTAL MONTHLY EXPENSES	

MONTHLY NET INCOME (take home pay) \$ _____

TOTAL MONTHLY EXPENSES \$ _____

MONTHLY CASH SURPLUS/SHORTAGE: \$ _____

Please provide the name and address of a relative who would definitely know where you live even if you move:

Relative's name: _____ Phone number: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____ Relationship to you: _____

How did you first hear about the IDA program?

- Friend
- Portland Housing Center staff
- A flyer or brochure
- State of Oregon
- A participant in the IDA program
- A community/neighborhood agency (please specify) _____
- Other (please specify) _____

Please feel free to share with us any other information you think would help us consider your application.

Copies of the following items must be attached to the application:

- Your most recent 2 month's pay stubs from employment, public assistance, or unemployment
***If you get paid twice a month please provide 4 pay stubs for each job*
- 2 most recent month's pay stubs for any other employed member/s of the household
- Copy of last year's federal tax return
- A statement from any investments (retirement, PERS, 401K, stocks, etc.)
- Copy of driver's license or birth certificate
- Copy of Social Security Card
- Monthly Budget Form

Authorization, Verification and Privacy Disclosure

AUTHORIZATION, VERIFICATION AND DISCLOSURE:

I authorize the Portland Housing Center to:

- 1) Pull my credit report at the time of program acceptance to review my credit file for housing counseling in connection with my pursuit of a loan to purchase real property; and
- 2) Pull my credit report at the time of graduation from the IDA program.
- 3) Obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

I understand the above information (the information I have provided in the Application, as well as the information in my credit report) will be kept confidential. I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation, false or misleading statements may result in the denial of my application or permanent termination from the program.

(Applicant's signature)

(Date)

**Mail or return to:
ATTN: PHC - IDA
Portland Housing Center
3233 NE Sandy Blvd.
Portland, OR 97232**