



Date Application Received: _____

Portland Housing Center Individual Development Account

**APPLICATION
ASSET CLASS: Homeownership**

**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: _____

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:

- Male
- Female
- Other

Marital Status:

- Single Separated Widowed
- Married Divorced In a domestic partnership

Are you a farm worker? Yes No

Are you a veteran? Yes No

Education Completed:

- K-5
- 6-8
- Some High School
- High School Diploma/GED
- Some college
- Two-year college
- College Graduate (four-year)
- Some 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

US Citizenship:

- U.S Citizen Resident Alien

School Status:

- enrolled-full time
- enrolled-part time
- not enrolled

Do you have a disability? Yes No

Do you live on a reservation? Yes No

Family Type:

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

Household Type:

- Rent
- Group Home
- Homeless
- Other: _____

What is your estimated time frame for buying a home?

- 6 months
- 12 months
- 24 months
- 36 months

TOTAL HOUSEHOLD SIZE: _____

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

How many children (under 18 years old)? _____

How many income earners are there in your household? _____

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 or has anyone else in your household purchased an asset with an IDA account in the past? Yes No

Are you or are any of your family members employed by The Portland Housing Center? (family members include spouses and partners, siblings, parents, grandparents, children, grandchildren, great grandchildren, and the spouses and partners of all of the aforementioned family members). 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** and **support services** that your **household** gets from each of the following sources **monthly**. If it is none, place a zero in the blank:

A. SOURCES OF INCOME

B. OTHER SERVICES RECEIVED

\$	Your Monthly Gross Income		\$	Food Stamps
\$	Self-employment Income		\$	TANF
\$	Monthly Gross Income of others members of your household		\$	WIC
\$	Investment income		\$	Employment Related Day Care
\$	Retirement/Pension (current account total)		\$	Free or Reduced School Lunch
\$	Child Support/Alimony		\$	Low Income Energy Assit.Prg
\$	Unemployment Insurance		\$	Head Start
\$	Other General Government Assistance		\$	Emergency Food Assistance*
\$	Auxiliary/Dependent Benefit		\$	Federal Housing Assistance (section 8/Public Housing/Low income housing)
\$	Social Security (SSI/SSD)		\$	Vocational Rehabilitation
\$	Other income		\$	State Working Family child Care Tax Credit
			\$	Earned Income Tax Credit
\$	Sub-Total A		\$	Sub-Total B

*Please indicate if you have received food assistance (such as a food box) in the past 12 months.

Please write down your **household** assets and liabilities. If it is none, place a zero in the blank:

ASSETS

Do you own or other members of your household owe the following?

*Vehicle 1: \$: _____ *Vehicle 2: \$: _____
 Total Vehicle value: \$ _____
 Cash: \$ _____
 Checking account balance: \$ _____
 Savings Account balance: \$ _____
 CDs: \$ _____
 Children's Saving CDs: \$ _____
 Retirement 401/k/IRA: \$ _____
 Stocks/bonds (not retirement): \$ _____
 Other Investments \$ _____
 Other Assets \$ _____
 Business bank account balance \$ _____
 Business Asset/Inventory amount \$ _____
 Other: \$ _____

LIABILITIES

What is the amount you and other members of your household currently 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: \$ _____
 Store Credit: \$ _____
 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)

Return to:
ATTN: PHC - IDA
Portland Housing Center
3233 NE Sandy Blvd.
Portland, OR 97232