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**Individual
Development
Account (IDA)
Program**

Site: _____

Grant: _____

IDA Application Form

Participant's Social Security #: _____

Participant's Name: _____

Address: _____

Phone: (Daytime): _____

(Evening): _____

(Cell): _____

Date of enrollment: _____ Participant Date of Birth: _____

Referring source: _____

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

Relative's Name: _____

Address: _____

Phone: (Daytime): _____

(Evening): _____

(Cell): _____



IDA Application Form

Participant Information: (Please check one answer in each category):

Gender: Male Female

Ethnicity of Participant:

- African-American
- Asian/Pacific Islander
- Caucasian
- Native American
- Latino/a or Hispanic
- Other (Please specify) _____

Marital Status:

- Married Single Separated Divorced Widowed

How many adults (18 years and older) currently live in your household?: _____

How many children (under 18 years) currently live in your household?: _____

Age and Gender of children: _____

Highest level of education completed by participant:

- Grade K-5
- Attended College
- Grade 6-8
- Graduated College
- Grade 9-12
- Attended Graduate School
- High School diploma or GED

Employment status of Participant:

- Employed more than full-time (OT, or working more than one job)
- Employed full-time
- Working and in school
- Employed part-time
- Other (Please specify): _____

Has Participant ever been a recipient of TANF or AFDC?:	YES	NO
Is Participant presently a TANF recipient?:	YES	NO
Is Participant currently receiving SSI or SSDI?:	YES	NO
Is Participant currently receiving Food Stamps?:	YES	NO
Will Participant be using direct deposit for their IDA?:	YES	NO



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Monthly gross income of Participant household by source:

\$ _____ Formal employment (before deductions)

\$ _____ Self-employment (your own business, selling things you make, sewing, childcare, etc.) after deductions for business expenses

\$ _____ Government assistance (TANF, Food Stamps, SSI, SSDI, Social Security, Unemployment, Veteran's Benefit, Worker's Comp)

\$ _____ Pensions or retirement income

\$ _____ Child support/alimony payments

\$ _____ Friends or family

\$ _____ Investment income

\$ _____ Rental income (net)

\$ _____ Other (Please specify): _____

Assets and Liabilities:

Do you own a vehicle?: YES NO

If yes, value of vehicle: \$ _____

Loan amount on vehicle: \$ _____

Do you own a home?: YES NO

If yes, market value of home: \$ _____

Mortgage amount on home: \$ _____

Do you own a business?: YES NO

If yes, value of business: \$ _____

Loan amount for business: \$ _____

Do you own residential rental property or land?: YES NO

If yes, value of property: \$ _____

Loan amount for property: \$ _____

Do you own stocks, bonds, 401k or other investments?: YES NO

If yes, value of investments: \$ _____



IDA Application Form

Do you have a checking account?: YES NO

Amount in account: \$ _____

Do you have a savings account (Other than the IDA)?: YES NO

Amount in account: \$ _____

Do you owe money to friends/family?: YES NO

If yes, amount: \$ _____

Do you have past due household bills?: YES NO

If yes, amount: \$ _____

Do you have credit card debt?: YES NO

If yes, amount: \$ _____

Do you have past due credit card bills?: YES NO

If yes, amount: \$ _____

Do you have student loans?: YES NO

If yes, amount: \$ _____

Do you have past due student loan payments?: YES NO

If yes, amount: \$ _____

Do you have past due medical bills?: YES NO

If yes, amount: \$ _____

Do you have health insurance?: YES NO

Do you have life insurance?: YES NO

I verify that the above information is true to the best of my knowledge.

Participant's Signature: _____ Date: _____