



**Training, Education & Manpower, Inc.**  
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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:** \_\_\_\_\_

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**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): \_\_\_\_\_

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



IDA Application Form

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: \_\_\_\_\_