

Date: _____

Staff: _____

IDA Program ID: _____

Washington Assistive Technology Foundation Individual Development Account (IDA) Program Application

First name: _____ Last name: _____

Address _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____ years _____ months

Home phone: (____) _____ Work phone: (____) _____

Pager/cell: (____) _____ email: _____@ _____

Name of WATF Staff Member submitting this application: _____

Agency: 1. Diocese of Olympia 2. El Centro 3. FPA 4. Hopelink 5. IDHA 6. LIHI
 7. MSC 9. SJI 10. Urban League 11. Washington CASH 13. YWCA 15. UWSC
 14. Other: **WASHINGTON ASSISTIVE TECHNOLOGY FOUNDATION**

A. Demographic Information (Does Not Affect Eligibility Except for Age)

1) Gender:

- Male
- Female

2) Year of birth : _____ (You must be 18 years by the time of purchase.)

3) Are you a US Citizen?

- Yes
- No → If not, what country? _____

4) What language do you and your family usually speak at home? (mark one)

- Amharic Chinese Cambodian English
- Korean Russian Samoan Somali
- Spanish Tagalog Ukranian Vietnamese
- Other (please list _____)

5) Which category would you use to describe yourself? (mark all that apply)

- Caucasian or White
- African-American, African or Black
- Asian or Pacific Islander
- Hispanic, Latino, Latin American, or Mexican American
- American Indian or Aleut
- Mixed Race or Ethnicity: _____

6) a. What is the highest level of education you finished? (mark one)

- Less than high school
- High school diploma or GED
- Some college
- 2-year college degree (AA)
- 4-year college or university degree
- Graduate school

b. Have you taken training in a trade program, vocational tech, or certificate program?

- Yes → What year did you most recently attend? _____
- No

7) Current marital status: (mark one)

- Married
- Single
- Living with a partner but not married

8) Social Security Number (SSN): _____ - _____ - _____ or

Tax Identification Number (TIN): _____ - _____

(You must have an SSN or TIN to enter the IDA program; this will be kept private and confidential.)

9) What is your employment status? (mark one)

- Employed part-time (less than 35 hours a week)

Washington Assistive Technology Foundation Individual Development Account (IDA) Program Application

- Employed full-time (35 hours a week or more)
- Self-employed (working for yourself)
- Not currently employed

10) Including you, how many people in your household¹ work full-time? *(at least 35 hours/week)* ____
Including you, how many people in your household work part-time? *(less than 35 hours)* _____

11) Including you, how many people are in your household? Please list their names and ages as of today:

of adults (including yourself) 18 or older: _____

of children (younger than 18): _____

IDA Program staff notes on household size(A):

¹ A household includes all individuals who share use of a dwelling unit as primary quarters for living & eating separate from other individuals. Please call us if you have questions about your household.

B. Household Annual Gross Income (Eligibility Test)

1) You may qualify for the IDA Program based on your household status with Temporary Assistance for Needy Families (TANF). If possible, provide a copy of the TANF award letter.

a. Is anyone in your household currently receiving TANF?

- Yes No Don't know

b. Is anyone in your household eligible for TANF but not currently receiving it?

- Yes No Don't know

c. Did anyone in your household receive TANF since August 1997?

- Yes No Don't know

2) Gross income for past 12 months. (Gross income this means the total amount you or others in your household receive before taxes or other deductions are taken out of your checks) **If necessary, estimate from paystub year-to-date amount and consider seasonal employment.**

a. Formal Employment..... \$ _____

b. Self-employment (working for yourself) \$ _____

c. Pension or retirement income \$ _____

d. Interest and investment income..... \$ _____

e. Other income* (_____) \$ _____

*** Do not include government assistance (e.g., SSI or SSDI), alimony, child support, or family support in other income.**

f. Total household annual gross income for eligibility test (a, b,c, d, e): \$ _____

IDA Program staff notes (B) (Income Eligibility):

(IDA Program staff: use TANF status and/or income chart to determine income eligibility)

C. Household Assets (Net Worth Eligibility Test)

1) Do you or anyone in your household have a checking account?

Yes → Account Balances: \$

No →

a) Have you **ever had** a checking account?

1. Yes

2. No - Why not? _____

2) Do you or anyone in your household have a savings account?

Yes → Account Balances: \$

No →

a) Have you **ever had** a savings account?

1. Yes

2. No - Why not? _____

3) Does anyone in your household own the home where you live? (not included in net worth test If you own a home, you may not purchase another with your IDA)

Yes → Value of home: \$ _____ How much of the mortgage is left to be paid? \$ _____

No

4) Does anyone in your household own a business?

Yes → Value of business: \$ Amount of any business loans? \$

No

5) How many vehicles (cars or trucks) are owned by you and anyone in your household?

No vehicles (cars or trucks)

One vehicle →

2 or more vehicles →

| | | | |
|---|----------|----------------------|----------|
| A. Value of primary vehicle* | \$ _____ | Amount owed on loan* | \$ _____ |
| * first vehicle is not included in net worth test | | | |
| B. Value of second vehicle | \$ _____ | Amount owed on loan | \$ _____ |
| C. Value of third vehicle | \$ _____ | Amount owed on loan | \$ _____ |
| D. Value of fourth vehicle | \$ _____ | Amount owed on loan | \$ _____ |
| E. Value of other vehicles | \$ _____ | Amount owed on loans | \$ _____ |

If you have vehicle loan(s), where did you get the loan(s)? (Mark all that apply)

1. Friends 2. Family 3. Banks 4. Other _____

(Value can be determined on http://www.kbb.com/kb/ki.dll/kw.kc.tp?kbb&&773&split_owners)

6) Does anyone in your household own any other homes, rental property, real estate, a boat, or other large assets?

Yes → Value \$ Amount of any related loans? \$

No

7) Assets on this page (total of 5 bold boxes): **Box A** \$

8) Liabilities on this page (total of 3 dashed boxes): **Box B** \$

IDA Program staff notes (C) (ASSETS):

D. Household Liabilities (Net Worth Eligibility Test)

1) Does anyone in your household owe any money to family or friends?

- Yes → Total amount due: \$ _____
 No

2) Does anyone in your household have a credit card?

- Yes → Account Balances: \$ _____
 No →

Have you (or any adults in your household) ever had a credit card?
 1. Yes 2. No - Why not? _____

3) Does anyone in your household have any student loans?

- Yes → Total amount owed: \$ _____
 No → Are they deferred? Yes No For how long? _____

4) Does anyone in your household have any past due medical bills?

- Yes → Total amount owed: \$ _____
 No

5) Does your household have any bills past due (like phone, electricity, water, sewer bills)?

- Yes → Total amount past due: \$ _____
 No

6) Does anyone in your household have any other loans (list all other debts)?

- Yes → Total amount due: \$ _____ What type of loan? _____
 No

7) Total Liabilities on this page (total of 6 dashed boxes): Box C \$ _____

8) Household net worth calculation (excluding primary home and one vehicle):

- a. Box A (bottom of page 4) \$ _____
b. Box B (bottom of page 4) - \$ _____
c. Box C (above) - \$ _____
d. **Net worth = total assets minus liabilities**
(Box A minus Box B minus Box C) = \$ _____

(Net worth must be below \$10,000 to enter IDA program)

IDA Program staff notes (D) (NET WORTH):

E. Other Household Information (does not affect eligibility)

1) Does anyone in your household owe money every month to:

- Alimony, child support, or family support .. Yes No If yes, how much? \$ _____
 Wages garnished for other reasons..... Yes No If yes, how much? \$ _____

2) Has anyone in your household ever received help from any of the following?

(mark the most recent time you or a member of your household received the the help)

| month | Never | More than a year ago | Within past year | Within past month | Amount last |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------|
| a. Food stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| b. TANF/welfare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| c. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| d. Rent/housing assistance.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| e. Food banks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| f. WIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| g. SSI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| h. GAU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| i. Alimony, child support, or family support..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| j. Family or friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| k. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| (please list) _____ | | | | | |

3) What Assistive Technology do you intend to purchase?

- a) How will this Assistive Technology be used? [Under current guidelines, the technology must be for work related activities or education or training to prepare you for work related activities.]
- b) When do you want to make your assistive technology purchase? [Under current guidelines, the technology must be purchased by December 2010.]
- c) How much in total do you intend to save for this technology? [Under current guidelines, you may save up to \$4000 and receive an equal amount in matching funds].

- d) How much do you intend to save each month? \$_____
- e) Describe your experience with this type of technology?

- f) Do you need help selecting the AT?

- g) Will you need training and how will you get that?

IDA Program staff notes (E) (Purchase):

F. Emergency contact

In case we have trouble contacting you, please provide the name of a close friend or relative who will know how to reach you:

First name: _____ Last name: _____

Address _____ Apartment # _____

City: _____ State _____ Zip Code: _____

Home phone: (____) _____ Work phone: (____) _____

Pager/cell: (____) _____ email: _____@ _____

IDA Program staff notes (F) (Contacts):

Please read the statements below carefully before you sign this document.

My signature below confirms that:

1. All the information in this application form is complete and accurate.
2. I authorize the Washington Assistive Technology Foundation to make inquiries and to obtain information necessary to verify the accuracy of the statements made in this application to determine my eligibility.
3. I understand that failure to provide accurate information may disqualify me from the IDA Program.

Signature: _____ **Date:** _____

DON'T FORGET TO INCLUDE YOUR INCOME AND ASSET DOCUMENTATION

Please call if you have any questions!

Household Size

- If you live with someone else but you consider yourself to be a “separate household”, please provide appropriate documentation (e.g., separate budget or expenses)

NET Asset Documentation

- Copies of checking or savings accounts statements for month of application
- Copies of statements for any investment accounts for month of application
- Copies of current credit card statements showing balances
- Copies of home mortgage showing balance owed
- Copies of current statements for any loans or debts (or verification of debt from friends)
- Year, make, model of any vehicles
- Documentation of any other assets or debts listed

Income Documentation (Examples)

- Tax Return for 2007
- Two months' of pay stubs for 2008
- Copies of two months' bank statements showing deposits
- Letters or statements verifying amount of SSI, SSDI or retirement Income.
- Other appropriate documentation