



Individual Development Account

Application



A grassroots program to promote self-sufficiency

Wyoming Women's Business Center IDA Application

Note: all information provided in conjunction with this application will be held confidential within the Wyoming Women's Business Center, partner organizations and evaluators.

Application Date _____

Applicant Information

First Name Middle Last Name

Birth date (MM/DD/YYYY) Social Security No

Are you currently a Wyoming Resident? Yes _____ No _____

Mailing Address _____
Street or PO Box City State Zip

Physical Address _____
Street City State Zip

Home Phone Cell Phone Work Phone Email Address

Marital / Housing Status

Marital Status: Single _____
Married _____
Partnered _____
Widowed _____
Separated _____
Divorced _____

Housing: Own _____
Rent _____
Homeless _____
Live with Friend _____
Live with Relative _____
Other _____

Section 8 Housing? Yes _____ No _____
Are you a single parent? Yes _____ No _____

IDA Information

What asset are you hoping to save for and purchase? (refer to description on pages 2-4)

- _____ Home Ownership through WFHOP
- _____ Starting or expanding a small business
- _____ Education
- _____ Credit building and/or improvement

How much could you save every month and still pay for all of your regular expenses (rent, food, gas, utilities, clothes, daycare, etc)? \$ _____

Household Information

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

How many dependent children (under 18 yrs) currently live in your household? _____

Have you been employed in the past 2 years? Yes _____ No _____

Have you ever owned your own business? Yes _____ No _____

Highest Level of Education? _____

Applicant's Assets and Liabilities

Part of determining program eligibility for the WWBC IDA Program is based on an applicant's net worth (assets minus liabilities). Please fill out the following chart and if you have any questions please give us a call.

Assets (Items you Own)	Liabilities (Loans or Debts)
Cash on hand (in home, purse, etc) \$ _____	Credit Card(s) \$ _____
Cash in Checking Accounts \$ _____	Student Loan(s) \$ _____
Cash in Savings Accounts \$ _____	Medical Bill(s) \$ _____
Value of Stocks, Bonds, Investments \$ _____	Outstanding Bill(s) \$ _____
Value of Retirement (401K's etc) \$ _____	Loans Due to Family \$ _____
Value of Primary Car/Truck Owned \$ _____	Primary Car Loan \$ _____
Describe Auto: (Model, Year)	
Value of Other Cars/Trucks Owned \$ _____	Other Auto Loan(s) \$ _____
Describe Autos:	
Value of ATV's/Snowmobiles/Etc. \$ _____	ATV etc, Loan(s) \$ _____
Describe:	
Value of Home if Owned \$ _____	1st Home Loan \$ _____
Value of Business if Owned \$ _____	2nd Home Loan \$ _____
Value of Other Real Estate Owned \$ _____	Other Real Estate \$ _____
Describe other Real Estate:	Business Loan(s) \$ _____
	Describe:
Other Asset(s) Valued over \$250? \$ _____	Other Loan(s) \$ _____
Describe:	Describe:
_____	_____
_____	_____
Total: \$ _____	Total: \$ _____

Applicant Self-Employment Information

Are you operating your own business now? Yes _____ No _____

When did you start your business? _____ (month/year)

What is the name of your business? _____

What product/service does your business provide? _____

What was the net income (sales less all expenses) from your business last year?

_____	\$0 - \$5,000	_____	\$20,001 - \$50,000
_____	\$5,001 - \$10,000	_____	\$50,001 - \$75,000
_____	\$10,001-\$20,000	_____	\$75,001 +

Applicant Employment Information

Are you employed by someone else now? Yes _____ No _____

Are you working:

_____ Part-time _____ # of Hours per Week

_____ Full-time _____ # of Hours per Week

When did you start this employment? _____ (month/year)

Name of Employer _____ Your Job Title / Position _____

Work Address _____
Street City State Zip

Supervisor Name _____ Phone Number _____

Applicant Other Income / Earned Tax Credit Information

Do you receive any other income? Yes _____ No _____

If yes, from what source? _____

What amount is received? \$ _____ How Often? _____

Did you file a Federal Income Tax Return Last Year? Yes _____ No _____

Were you eligible for the Earned Income Tax Credit? Yes _____ No _____

Have you ever been a recipient of TANF? Yes _____ No _____

Household Monthly Income Summary

List monthly income (before taxes) of all household members. Your household includes all of the people living with you that are your relatives, plus anyone who depends on you for income (like children away at college or elderly family members living in nursing homes) plus anyone you depend on for income (like a spouse) whether or not they live with you. You should count all of these people in the total number of individuals in your household on the previous page.

Source/Description of Income	Total Household \$:
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Self Employment (from business described previously or income from applicant or household members including income from doing laundry, sewing, childcare, etc)

Applicant	\$ _____
Members of Household	\$ _____

Monthly Wages (paid by another to applicant or other members of the household)

Applicant	\$ _____
Members of Household	\$ _____

Government Assistance (please provide monthly income for all household members)

Refugee Assistance	\$ _____
TANF	\$ _____
Food Stamps	\$ _____
SSI or SSD	\$ _____
Social Security Retirement	\$ _____
Unemployment Insurance	\$ _____
Veteran's Benefit	\$ _____
Housing Voucher or Subsidy	\$ _____

Other Sources:

Pensions or Retirement Income	\$ _____
Child Support / Alimony Payments Received	\$ _____
Monthly Cash or Gifts from Friends/Family	\$ _____
Rent Paid to You by Others	\$ _____
Investment / Interest Income	\$ _____
Other (please specify) _____	\$ _____

Are you required to pay child support and / or alimony? Yes _____ No _____

If yes, how much is required for payment each month? \$ _____

Personal Statement

Please explain why you are interested in participating in the WWBC IDA Program. Be sure to describe the asset you would like to save for and how saving for that asset will promote your own self-sufficiency and contribute to your business' success.

Friend or Family Contact Information

Please list a friend or relative who would definitely know how to contact you, even if you move:

_____		_____	_____	
First Name		Middle	Last Name	
Mailing Address _____				
Street or PO Box		City	State	Zip

Home Phone	Cell Phone	Work Phone		

Consent and Release of Information / Credit Authorization

I hereby certify that the information in the WWBC IDA Program Application is true and correct to the best of my knowledge. I also authorize the Wyoming Women's Business Center to make all inquiries with credit bureaus and others as it deems necessary to verify said information. If selected to participate in the WWBC IDA Program I authorize ongoing reporting of financial and credit related information as needed. I also understand that if accepted into the WWBC IDA Program, I must adhere to the monthly savings requirement, reporting requirements, and complete all training requirements in order to graduate from this program and receive my matching funds as outline in this application package.

_____		_____
Signature		Date

Print Name		