INDIVIDUAL DEVELOPMENT ACCOUNT APPLICATION

Applicant				
First Name:	Initial:	Last Name:	CNM Student ID#:	
Date of Birth:				
Date of Birtin.				
Street/Mailing Addre	 SS:			
City:	State:	Zip Code:	County:	
•		·	•	
Phone:	Cell:	Email:		
Preferred method of	contact? Please circle on	e:		
Phone call	Text message	e Ema	ail	
Emergency Contact				
First Name:	Initial:	Last Name:		
That Nume.	miciai.	Last Name.		
Street/Mailing Addre	ss:			
City:	State:	Zip Code:		
Phone:	Cell:	Email:		
Have you ever used Direct Deposit procedure for your paycheck? Yes No				
Gender:	☐ Male ☐ Female	e 🗌 Transgender		
Race/Ethnicity:	☐ African American ☐	Caucasian Asian Am	nerican/Pacific Islander	
	☐ Hispanic ☐ Native	American Other		
Marital Status:	☐ Single (never married)			
	☐ Divorced ☐ Widow	•		
☐ Divorced ☐ Widowed ☐ Other Employment Status:				
(Circle ALL that apply) FT Employed PT Employed Retired				
	Student Ur	nemployed Other		

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<u>Highest Level of Education Completed:</u>	
Completed grades K-5	Received AA Degree/Graduated 2 year College
Completed grades 6-8	Received BS/BA Degree/Graduated 4 year College
Completed grades 9-11	Some graduate school/Attended Graduate School
Received High School Diploma/GED	Received MS/MA Graduate Degree(s)
☐ Some College	Received Vocational School Diploma/Degree
Residential Location at time of Enrollment	
Minor Urban Area – Albuquerque (metr 1,000,000.)	opolitan statistical area with population between 50,000-
Rural Area (less than 50,000)	Remote Area (less than 2,500)
Household Information:	
List all the people who live with you. Indicate if they have	monthly income, if so, please bring their tax information:
Were you Head of Household on your last t	ax form? Yes No
Number of adults living with you:	
Number of children under 18 years old livin	ng with you:
Total Number of Household members *:	
(*if the number of Household members is different on yo	our application vs. your tax form, please attach an explanation)
Anticipated Asset to be saved for?	
□Home □Edu	cation Business Unknown

PROSPERITY WORKS * CNM INDIVIDUAL DEVELOPMENT ACCOUNT APPLICATION

ı	N	C	O	Ν	1	E	:

Enter Your Monthly Earned Income:

Enter Tour Mo	miniy camed income	s .			
+	Your Monthly Gross I	ncome before taxes			
+		Monthly Self-employment Income (selling things you make, sewing, child care, etc.)			
+	Monthly Investment I	ncome			
+	and the second	Monthly Gross Income of other members in your household currently employed			
	•	Other Monthly Earned Income. This does not include alimony, child support, SSI/SDI or food stamps.			
+					
=	Total Monthly Earned	Income			
	<u> </u>				
	Total Annual Earne	d Income (monthly amount	x 12)		
	What is your adjusted gross income from your last year's tax form?				
Other Income (the	following income types are colle	cted for data purposes, but are not us	ed when determining eligibility):		
Alimony Payment:	: Child Support:	SSI/SSD:	Food Stamps		
\$	\$	\$	\$		
	Currently Eligible?	Currently Receiving?	Ever Received?		
TANF:	□Yes □ No	□Yes □ No	□Yes □ No		
State EITC:	□Yes □ No	□Yes □ No	□Yes □ No		
Federal EITC:	□Yes □ No	□Yes □ No	□Yes □ No		

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ASSETS: * Please use supporting documentation to complete this sheet. *

Assets: Do you own the following? Write yes, next to the assets you own.	What is their value?
Second Vehicle	
Second Home	
Business Value	
Residential rental property or land	
Stocks & Bonds Retirement Funds or other Investment	
Checking Account (if amount different than on statement, please explain)	
Savings Account-not an IDA (if amount different than on statement, please explain)	
Total Assets	

Liabilities	What is the loan amount that you owe?
Vehicle 1	
Vehicle 2	
Mortgage 1	
Mortgage 2	
Business Debt	
Residential rental property or land debt	
Past Due Household Bills	
Credit Card Debt	
Student Loans	
Medical Bills	
Other Loans	
Total Liabilities	

THIS SECTION TO BE COMPLETED BY PROSPERITY WORKS OR CNM STAFF OLNLY				
Total Assets				
Total Liabilities				
Net Worth (Cannot be over				
\$10,000.00)				

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ACKNOWLEDGEMENT, PERMISSION AND SIGNATURES:

Personal Data and Consent for Communication: I understand that all information I have provided will be treated as confidential. I consent to allow this information to be shared with the IDA administrating organization (Prosperity Works) as necessary for data collection and reporting, as well as determining eligibility.

Independent Program Evaluation: I authorize information to be shared with program evaluators and understand that I may be contacted for an interview related to my opinion of this program.

Credit Report/Score: I agree to allow Prosperity Works to pull my credit report and score. at the time I
am authorized to open an IDA account, as well as when I am ready to purchase an asset in order to
establish a beginning and end score.
Initials:

Custodial Savings Account: If selected through the process of random assignment to participate in opening a matched savings account, I agree to let Prosperity Works to open a custodial savings account in my name.

Verification of Information: By signing below, I verify that the information that I have provided is true to the best of my knowledge. I have fully disclosed the financial situation of my household, as well as provided full information on all of my financial accounts. *If I have intentionally provided any incorrect information or am found to be out of compliance with the standards of the initiative, I may be asked to withdraw my participation.*

withdraw my participation.		
By signing this, I agree to the abov	e statements.	
Participant Printed Name	Participant Signature	Date