

Assistive Technology - Individual Development Account Program Application

Date of Application: _____

Personal Information

Please note: all information requested on this application will be kept completely confidential.

First Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell/Other Phone: (____) _____

Email Address: _____

What is the nature of your disability? _____

Please let us know about any accommodations you may need: _____

Emergency Contact

Please provide information for a relative or friend as an emergency contact.

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Relationship to you: _____

Demographic Information

Information collected here will not affect your eligibility.

Gender: Male Female

Ethnic/Racial Background:

Caucasian Hispanic Asian/Pacific Islander
 African American Native American Other: _____

Language Spoken At Home:

English Spanish Chinese
 Korean Vietnamese Other: _____

Marital Status:

Single with no dependent children Single with dependent children
 Married or Domestic Partnership Divorced
 Widowed Other (please describe)

Current Employment Status:

Employed Fulltime Employed Part-time Self-employed Fulltime
 Self-employed Part-time Unemployed Retired on disability
 Retired Student (Level completed : _____)
 Homemaker Other: _____

Housing Status:

Subsidized Rental Unit Rent Own Home or Condo
 Other (Please describe): _____

Veteran Status: None/Not Applicable Veteran

How did you hear about the Access Fund's IDA Program? (check all that apply)

Advertising (e.g., radio, flyer, newspaper) Information received in the mail
 Information from the Internet Friend
 Professional (e.g., OT, case manager) Disability-related agency: _____
 Bank, credit union or lending institution Other: _____
 Don't know

Highest level of education:

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

Including you, how many people are in your household? _____

Please list their names and ages as of today: _____

Assistive Technology & Savings Goals

What do you intend to save for through this program? _____

How will these technologies benefit you? _____

Have you used the item(s) or tried them out before? ___ Yes ___ No

Will you need any training or additional services related to your purchase(s)? ___ Yes ___ No

How much does it approximately cost? \$ _____

How much money, at the end of the month, do you have after all bills are paid? \$ _____

How much do you want to contribute to your IDA savings account each month? \$ _____

When do you hope to be able to make the purchase(s)? _____

Income Information

Income of ALL household members, please list gross income (before taxes and deductions):

<u>Category</u>	Monthly	Annually
Formal Employment (wages):	\$ _____	\$ _____
Self-Employment:	\$ _____	\$ _____
Pensions or Retirement Income :	\$ _____	\$ _____
Investment Income:	\$ _____	\$ _____
SSI:	\$ _____	\$ _____
SSDI:	\$ _____	\$ _____
Foodstamps:	\$ _____	\$ _____
Child Support/Alimony Payments:	\$ _____	\$ _____
Support from friends/family:	\$ _____	\$ _____
Trust:	\$ _____	\$ _____
Other: <i>Please specify</i> _____	\$ _____	\$ _____

Total Annual Income: \$ _____

Please list any medical and/or disability related expenses you have: _____

Assets

Please provide the value of your assets listed below.

<u>Category</u>	<u>Value</u>
Checking Account(s):	\$ _____
Savings Account(s):	\$ _____
Other IDA(s):	\$ _____
IRA/Retirement Accounts(s):	\$ _____
Stocks, Investments:	\$ _____
Real Estate:	
Home – Appraised Value	\$ _____
Other – Appraised Value	\$ _____
Personal Property: (cars, boats, RV's etc.)	
#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
Other Assets: (Please describe)	
#1 _____	\$ _____
#2 _____	\$ _____

Total Value of Assets Listed Above: \$ _____

Liabilities

If you have any of the debt categories listed below, fill in the total amounts outstanding.

<u>Category</u>	<u>Outstanding Balance</u>
Mortgage:	
Home Loan	\$ _____
Other Property (rental, land, etc.)	\$ _____
Personal Property: (cars, boats, RV's etc.)	
#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
Student Loans:	\$ _____
Credit Card(s):	\$ _____
Money owed to friends/family:	\$ _____
Past due household bills:	\$ _____
Past due medical bills:	\$ _____
Other debts: (please list)	
#1 _____	\$ _____
#2 _____	\$ _____
	\$ _____

Total Value of Liabilities Listed Above: \$ _____

Certification & Authorization

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, credit or mortgage verification as requested by the Washington Access Fund. I understand that the Access Fund will conduct a credit check and this will not affect my credit score. I understand that the Access Fund may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

Signature: _____ Date: _____

Applicants under the age of 18 must have the consent of a parent or guardian.

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the Washington Access Fund's IDA Program.

Signature: _____ Date: _____

Relationship to Applicant: _____

******Please verify the information you provided regarding your finances by including the following documents.******

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 2015
- Two months' of pay stubs
- Copies of two months' bank statements showing deposits
- Letters or statements verifying amount of SSI, SSDI or retirement Income.
- Other appropriate documentation