

FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA

FAIM New Participant Application Form

AGENCY USE ONLY :

Agency Name: LAKES & PINES COMMUNITY ACTION AGENCY, Inc.

Bank Account Number _____ Date of 1st Deposit _____

Asset _____ Grant _____

First Name _____ MI _____ Last Name _____

Email _____

Home Phone: _____ Work: _____ Mobile: _____

Address _____

City _____ State MN Zip Code _____

County _____ Date of Birth _____ Gender: Male Female

Social Security Number _____

Are you a US Citizen? Yes No

Household Members: (All individuals who share use of a dwelling unit as primary quarters for living and eating)

First Name	Middle Initial	Last Name	Date of Birth	Relationship

Applicants Last Name _____

Agency: Lakes & Pines CAC, Inc.

Marital Status (Mark one)

Single, Never Married Divorced
 Married Widowed
 Separated Other (Specify) _____

Applicant Primary Race (Mark one)

African American Asian/Pacific Islander Caucasian (White)
 Native American Hispanic (any race) Other (Specify) _____

Immigrant or Refugee (circle one if applicable)

Country of Origin _____

Are you the head of household Y / N Are you a single parent Y / N
Are you disabled Y / N Are you a veteran Y / N
Are you a U.S. citizen Y / N Are you an eligible non-citizen Y / N

Housing (Mark one):

Own Rent Public Subsidized Homeless Other

Applicants Income Range (Mark one):

\$0 to \$15,000
 \$15,001 to \$22,000
 \$22,001 to \$30,000
 Over \$30,000

Number of Adults 18 and over in household _____

Number of Children under 18 in household _____

Highest Level of Education Completed (Mark one):

Grade K-5
 Grade 6-8
 Grade 9-11
 High School Diploma
 Vocational School
 Some College
 AA Degree (2 year degree)
 BA/BS Degree (4 year degree)
 Some Graduate School
 MA/MS Graduate Degree
 GED

Employment Status (Mark one):

Employed full-time (35-40 hours)
 Employed part-time (up to 35 hours)
 Unemployed
 Self-Employed full-time
 Self-Employed part-time
 Working & in school
 Currently in school or job training program
 Homemaker, not seeking employment
 Disabled, not seeking employment
 Retired, not seeking employment

AGENCY USE ONLY:

Credit Score: _____ Equifax _____ Experian _____ TransUnion _____ Tri-Merge

Residence (mark one) _____ Major Urban Area (Twin Cities Metro)
_____ Minor Urban Area (population less than 1,000,000)
_____ Rural Area (population less than 25,000)

Applicants Last Name _____

Agency: Lakes & Pines CAC, Inc.

APPLICANT GROSS INCOME

Formal Employment \$ _____
Self-Employment \$ _____
Government Assistance (TANF, SSI, Unemployment, etc.) \$ _____
Pension/Retirement \$ _____
Child Support (Y / N) \$ _____
Alimony (Y / N) \$ _____
Friends/ Family \$ _____
Investments \$ _____
Other Income (Source of Other Income _____) \$ _____

TOTAL income: \$ _____

OTHER MEMBERS OF HOUSEHOLD – GROSS INCOME

Formal Employment \$ _____
Self-Employment \$ _____
Government Assistance (TANF, SSI, Unemployment, etc.) \$ _____
Pension/Retirement \$ _____
Child Support (Y / N) \$ _____
Alimony (Y / N) \$ _____
Friends/ Family \$ _____
Investments \$ _____
Other Income (Source of Other Income _____) \$ _____

TOTAL income: \$ _____

AGENCY USE ONLY:

Yearly Gross Income of Household _____
Area Median Income _____
Income Level (Mark One) _____ Below Poverty _____ 100 to 150 % _____ 150 to 200% _____ Over 200%

Do you have a Savings Account Y / N Amount in Account _____
Are you a homeowner Y / N Value of Home _____ Loan balance _____
Own other homes Y / N Value of Other Homes _____
Are you a vehicle owner Y / N Number of Vehicles _____
Value of Vehicle 1 _____ Vehicle 1 loan balance _____
Value of Vehicle 2 _____ Vehicle 2 loan balance _____
Value of Vehicle 3 _____ Vehicle 3 loan balance _____

Are you a business owner Y / N
Value of your business _____ Business loan balance _____

Applicants Last Name _____

Agency: Lakes & Pines CAC, Inc.

Do you own residential rental property or land Y / N Value _____ Loan balance _____
 Do you own stocks, bonds, 401K, or other investments Y / N Value _____

Do you have a checking account	Y / N	Amount	_____
Do you owe money to family or friends	Y / N	Amount	_____
Do you have past due household bills	Y / N	Amount	_____
Do you have credit card bills	Y / N	Amount	_____
Do you have outstanding student loans	Y / N	Amount	_____
Do you have outstanding medical bills	Y / N	Amount	_____
Signature Loan	Y / N	Amount	_____
Payday Loans	Y / N	Amount	_____
Other Loans	Y / N	Amount	_____

Agency Use Only:

Proof of income: (You will need to submit one of the following forms of proof)

____ Three previous months of pay stubs ____ Previous year's tax return ____ Previous year's W-2 Forms

Proof of Government Assistance and income from friends or family: (you will need to provide additional documentation)

____ Public Benefit Award Letter

____ Notarized letter from family or friend stating dollar amount of support/time period of support

Are you eligible for TANF	Y / N
Have you ever received TANF or AFDC	Y / N
Do you currently receive TANF	Y / N
Do you currently receive SS, SSI, or SSDI	Y / N
Are you eligible for Earned Income Tax Credit (EITC)	Y / N
Did you receive EITC on this year's tax return	Y / N
Have you ever received EITC in prior tax years	Y / N
Are you eligible for Minnesota Working Family Tax Credit	Y / N
Did you receive the Minnesota Working Family Tax Credit on this year's tax return	Y / N
Have you ever received the Minnesota Working Family Tax Credit in prior tax years	Y / N
Do you have Health Insurance	Y / N
Do you have Life Insurance	Y / N
Do you currently use direct deposit for your paychecks	Y / N
Will you use direct deposit for your FAIM account	Y / N
Did you have an existing relationship with the organization prior to enrollment in FAIM	Y / N
Were you referred to the FAIM program by another organization	Y / N
Referring Source _____	
Do you currently receive food support	Y / N
Amount per month _____	

Applicants Last Name _____

Agency: Lakes & Pines CAC, Inc.

Emergency Contact Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP CODE _____

Phone Number _____ Alternate Phone Number _____

Relationship _____

Which asset will you be saving for?

_____ Business Capitalization

_____ First Home Purchase (have not owned a home in the past 3 years)

_____ Post-Secondary Education (at an accredited higher education institution)

I certify that the information in this application is true to the best of my knowledge:

Applicant (Print) Date

Applicant Signature Date

I give permission to the Lakes & Pines CAC, Inc. to get a copy of my credit report and credit score at the **beginning** and **end** of my participation in the FAIM program.

Applicant Signature Date

For Housing Asset:

If a Spouse/Partner/Co-Borrower lives in the home and will co-sign on a loan, please fill out the following:

Name of Spouse/Partner/Co-Borrower

SS # of Spouse/Partner/Co-Borrower Date of Birth

Signature giving permission to pull a credit report: Spouse/Partner/Co-Borrower Date

Consent for Release of Information

I, _____, give Lakes & Pines CAC, Inc., the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilize my narrative on the website or in promotion, and with regards to the United Way and funding requests. This release is effective for seven years from the date of signature. I am permitted to withdraw consent at any time by contacting above named agency.

Signature Date

Applicants Last Name _____ **Agency: Lakes & Pines CAC, Inc.**