

Rural Dynamics Incorporated
Consumer Credit Counseling Service of Montana
Individual Development Account
APPLICATION

Name Last _____ First _____ **DATE** _____
Address _____ Phone Number _____
City _____ State _____ Zip _____ Male
Female
Email (Optional) _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Family Members:

Spouse: Last _____ First _____

Children:

Last _____ First _____ Age _____

Last _____ First _____ Age _____

Last _____ First _____ Age _____

Last _____ First _____ Age _____

Last _____ First _____ Age _____

Last _____ First _____ Age _____

Other:

Relationship: _____ Last _____ First _____ Age _____

Relationship: _____ Last _____ First _____ Age _____

Household Type:

- 1. Single Adult
- 2. Female / Single Parent
- 3. Male / Single Parent
- 4. Married with Children
- 5. Married without Children

Current Housing Status

- 1. Rent
- 2. Own with a Mortgage
- 3. Own without a Mortgage
- 4. Homeless / Other _____
- 5. Own Mobile Home on Permanent Foundation

Education Level: (Check Highest)

- 1. Below High School Diploma
- 2. HS Diploma or Equivalent
- 3. Less than two years college
- 4. Associate's Degree
- 5. More than 2 years of college
- 6. Bachelor's Degree
- 7. Master's or Above

Disabled? Yes _____ No _____

Disabled Spouse? Yes _____ No _____

County of Residence: _____

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Employer: Name _____ Phone Number: _____
Address _____ Name of Supervisor _____
_____ Length of Employment _____
Job Description _____

Estimated Household Income: Monthly \$ _____ or Weekly \$ _____

2nd Source of Income _____

Employer: Name _____ Phone Number: _____
Address _____ Name of Supervisor _____
_____ Length of Employment _____
Job Description _____

Estimated Household Income: Monthly \$ _____ or Weekly \$ _____

Race of primary applicant: (Check as many as apply)

	<u>SELF</u>	<u>SPOUSE</u>
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Please Check One:

- I am currently receiving TANF assistance.
 My TANF Benefits Ended on or about _____.
 I have never received TANF benefits.

Which IDA goals are you interested in pursuing?

- Education Vocational training or Career enhancement Homeownership Credit Builder
 Small business startup or enhancement Other _____

How many vehicles do you have in your household? 0 1 or 2+

What is your primary mode of transportation? Car/Truck Bus Taxi Walk Other _____

What is your availability to attend required classes, meetings or appointments, etc.?

Day Times _____ Evening Times _____

How much do you estimate you could save on a monthly basis? 0-\$10 \$11-20 \$21-30 \$31-40
 Other amount \$ _____

