

COMPASS WORKING CAPITAL, INC.
Individual Development Account (IDA) Program

PARTICIPANT PRE-APPLICATION FORM

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

Background/Household Information

Name: _____ Date: _____

Social Security or Taxpayer ID #: _____

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____

Gender: Female Male Date of Birth: ____ / ____ / ____

Adults in household, including yourself: _____ Children in household: _____

What is the primary language spoken in your household? _____

Do you live in subsidized housing? YES NO

If yes, which type of subsidized housing? Section 8 Public housing Other: _____

Are you in the Family Self-Sufficiency Program (FSS)? YES NO

Financial Information

How long have you been at your current job? _____

Please include monthly gross income (i.e. before taxes) of all household members:

Formal employment (wages) \$ _____

Public assistance (TANF, SSI, Social Security, Unemployment, etc.) \$ _____

Child support / alimony \$ _____

Are you, or have you ever been, a homeowner? YES NO

Applicant Goals

What is your asset goal in the Compass IDA program? (please choose one)

- Homeownership
- Small business
- College or graduate education for yourself
- College education for your child

How much can you afford to save each month? \$ _____

How did you hear about the Compass IDA program? _____

*** PLEASE INCLUDE A COPY OF YOUR MOST RECENT TAX RETURN WITH THIS FORM. ***