



FAMILY ASSETS FOR  
INDEPENDENCE  
IN MINNESOTA

## FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA (FAIM)

### Participant Application

#### **LOCAL AGENCY USE ONLY:**

Agency Name: \_\_\_\_\_ FAIM Coach: \_\_\_\_\_

FAIM Account Number: \_\_\_\_\_ First Deposit Date: \_\_\_\_\_

Minimum Enrollment (6 months + 1-day): \_\_\_\_\_ Deposit Deadline (24 months): \_\_\_\_\_

Exit Deadline (30 months): \_\_\_\_\_

Asset Track Chosen: \_\_\_\_\_ Grant Number: 2086

**If not completing electronically - print clearly in blue or black ink, answer all questions except gray boxes.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Full Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_ Lot/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (only if different than Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_

Gender Identification:  Female  Male  Other  Decline to ID

Date of Birth: \_\_\_\_\_ Social Security or ITIN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **Applicant Marital Status (choose one):**

Single (never married)  Married  Separated  Divorced  Widowed  Other: \_\_\_\_\_

#### **Applicant PRIMARY Race (choose one):**

\_\_ American Indian or Alaskan Native \_\_ Asian American or Pacific Islander \_\_ Black \_\_ White  
\_\_ Multiracial \_\_ Unknown \_\_ Decline to ID

**Applicant Ethnicity (choose one):**  Hispanic or Latino  Not Hispanic or Latino  Decline to ID

#### **Applicant:**

Immigrant  Refugee Country of origin: \_\_\_\_\_ \_\_ Not Applicable

Yes  No Are you the head of household?

Yes  No Are you a single parent?

Yes  No Are you disabled?

Yes  No Are you a veteran? If yes, which war/conflict: \_\_\_\_\_

Yes  No Are you a Minnesota resident?

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

**Housing (choose one):**

Own  Rent  Public  Subsidized  Homeless  Other - specify: \_\_\_\_\_

Monthly rent or mortgage payment: \$ \_\_\_\_\_

**Health Insurance (complete both columns):**

**Primary Source for Applicant:**

- Coverage through a job
- Coverage through spouse's job
- Coverage through self-employment
- Private insurance
- State plan
- Medicaid
- Medicare
- Other – specify: \_\_\_\_\_
- None

**Health Insurance for Household:**

- All members insured
- Some members insured
- No members insured
- Don't know
- Decline to ID

**Applicant's Annual Income Range (choose one):**

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

**Total number of people in the household:**

**Number of adults:**  One  Two  Three  Four  Five  Six  Seven  Eight+

**Number of children:**  Zero  One  Two  Three  Four  Five  Six  Seven  Eight+

**Your Highest Level of Education Completed (Mark one):**

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

**Your Employment Status (Mark one):**

- Employed full-time (35 hours or more weekly)
- Employed part-time (up to 35 hours weekly)
- Unemployed
- Self-Employed full-time (FT)
- Self-Employed part-time (PT)
- Working and in School:  FT  PT
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Applicant Last Name:

Local Agency:

**Applicant – MONTHLY Gross Income – from income documentation provided**

Formal Employment \$ \_\_\_\_\_  
 Self-Employment \$ \_\_\_\_\_  
 Government Assistance (  TANF,  SSI,  Unemployment,  Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
 Pension/Retirement \$ \_\_\_\_\_  
 Child Support -  Yes  No \$ \_\_\_\_\_  
 Alimony -  Yes  No \$ \_\_\_\_\_  
 Friends/Family \$ \_\_\_\_\_  
 Investments \$ \_\_\_\_\_  
 Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Applicant - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**Other Household Member – MONTHLY Gross Income – from income documentation provided**

**Other Household Member Name:** \_\_\_\_\_

Formal Employment \$ \_\_\_\_\_  
 Self-Employment \$ \_\_\_\_\_  
 Government Assistance (  TANF,  SSI,  Unemployment,  Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
 Pension/Retirement \$ \_\_\_\_\_  
 Child Support -  Yes  No \$ \_\_\_\_\_  
 Alimony -  Yes  No \$ \_\_\_\_\_  
 Friends/Family \$ \_\_\_\_\_  
 Investments \$ \_\_\_\_\_  
 Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Other HH Member - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**HOUSEHOLD - TOTAL MONTHLY GROSS INCOME:** \$

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

| First Name | Middle Initial | Full Last Name | Date of Birth | Relationship to You<br><small>(daughter, son, spouse, etc.)</small> |
|------------|----------------|----------------|---------------|---------------------------------------------------------------------|
|            |                |                |               |                                                                     |
|            |                |                |               |                                                                     |
|            |                |                |               |                                                                     |
|            |                |                |               |                                                                     |
|            |                |                |               |                                                                     |
|            |                |                |               |                                                                     |

If more space is needed to list household members, please attach another sheet of paper.

|                             |                      |
|-----------------------------|----------------------|
| <b>Applicant Last Name:</b> | <b>Local Agency:</b> |
|-----------------------------|----------------------|

**LOCAL AGENCY USE ONLY:**

**Credit Score - REQUIRED:** Equifax \_\_\_\_\_ Experian \_\_\_\_\_ TransUnion \_\_\_\_\_ Tri-Merge \_\_\_\_\_

**Residence** (mark one):  Major Urban Area – over 1 million people  
 Minor Urban Area – under 1 million people  
 Rural/Remote Area - under 5,000 people

**Area Median Annual Income of City :** \$ \_\_\_\_\_ (this may be Googled)

**ANNUAL Gross Income of Household:** \$ \_\_\_\_\_ (from income documentation provided with this application)

**Total number of members in family:** \_\_\_\_\_ **100% of Federal Poverty Guideline for family size:** \$ \_\_\_\_\_

**\*\*To determine income level:** Divide yearly gross income of HH by 100% of Federal Poverty Guideline for family size.

**Income Level** (mark one):  Below 100% of Poverty Guideline  100% to 150%  151% to 200%  Over 200% (ineligible)

**Proof of income** (submit ONE of the following with the application):

Most recent year’s Federal 1040 tax form (Preferred)  Previous year’s W-2 Forms  Previous three month’s pay stubs

**Proof of Government Assistance and/or income from friends or family:** (must provide additional documentation):

Public benefit award letter  
 Notarized letter from family or friend stating the dollar amount and time-period of support

**\*\*\*\*\* THIS BOX IS FOR STATE FAIM ADMIN USE ONLY \*\*\*\*\***

Approved  Denied - Reason: \_\_\_\_\_

Net Assets: \$ \_\_\_\_\_ State FAIM Admin Signature: \_\_\_\_\_

Yes  No Are you a homeowner? Value of home \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

Yes  No Do you own other homes? Value of homes: \$ \_\_\_\_\_

Yes  No Do you have a savings account now? Account balance \$ \_\_\_\_\_

Yes  No Are you a vehicle owner? If yes, number owned \_\_\_\_\_ - www.kbb.com & list value below.

Value of vehicle 1 \$ \_\_\_\_\_ Vehicle 1 loan balance \$ \_\_\_\_\_

Value of vehicle 2 \$ \_\_\_\_\_ Vehicle 2 loan balance \$ \_\_\_\_\_

Value of vehicle 3 \$ \_\_\_\_\_ Vehicle 3 loan balance \$ \_\_\_\_\_

Yes  No Are you a business owner?  
Value of business \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

Yes  No Do you own residential rental property or land?  
Value of property \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

Yes  No Do you own:  Stocks,  Bonds,  401k,  Other Investments Value \$ \_\_\_\_\_

Yes  No Do you have a burial account? Value \$ \_\_\_\_\_

Yes  No Do you have a checking account now? Balance \$ \_\_\_\_\_

Yes  No Do you owe money to family or friends? Balance \$ \_\_\_\_\_

Yes  No Do you have past due household bills? Balance \$ \_\_\_\_\_

Yes  No Do you have credit card bills? Balance \$ \_\_\_\_\_

Yes  No Do you have outstanding student loans? Balance \$ \_\_\_\_\_

Are your student loans in default?  Yes  No

Yes  No Do you have outstanding medical bills? Balance \$ \_\_\_\_\_

Yes  No Signature loan? Balance \$ \_\_\_\_\_

Yes  No Payday loan? Balance \$ \_\_\_\_\_

Yes  No Other loans not listed above? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Yes  No Are you in arrears on child support payments? Amount \$ \_\_\_\_\_

**Applicant Last Name:** \_\_\_\_\_

**Local Agency:** \_\_\_\_\_

- Yes  No Are you eligible for TANF / MFIP?
- Yes  No Have you ever received TANF / MFIP?
- Yes  No Do you currently receive TANF / MFIP?
- Yes  No Do you currently receive SS, SSI, or SSDI? Amount per month \$ \_\_\_\_\_
- Yes  No Do you owe back taxes to the IRS/federal government? Amount \$ \_\_\_\_\_
- Yes  No Are you eligible for Earned Income Tax Credit (EITC)?
- Yes  No Did you receive EITC on this year's tax return?
- Yes  No Have you ever received EITC in prior tax years?
- Yes  No Are you eligible for Minnesota Working Family Tax Credit?
- Yes  No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?
- Yes  No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?
- Yes  No Do you have Health Insurance?
- Yes  No Do you have Life Insurance?
- Yes  No Do you currently use direct deposit for your paychecks?
- Yes  No Did you have an existing relationship with the organization prior to enrollment in FAIM?
- Yes  No Were you referred to the FAIM program by another agency/organization/person?  
How did you hear about FAIM? \_\_\_\_\_
- Yes  No Do you currently receive food support? Amount per month \$ \_\_\_\_\_
- Yes  No Did/Will someone else claim you as a dependent on their federal tax return?  
If yes, who: \_\_\_\_\_ Their relationship to you: \_\_\_\_\_
- Yes  No Have you ever had a checking account?
- Yes  No Have you ever had a savings account?
- Yes  No Have you ever used a pre-paid card?
- Yes  No Have you or a family member ever been enrolled in FAIM? Who? \_\_\_\_\_
- Yes  No Will you use direct deposit for your FAIM account?

**Which asset will you be saving for? (choose one):**

- \_\_\_ First Home Purchase (you and/or your spouse/partner may not have owned a home/property within the past 36 months.)
- \_\_\_ Business Development \_\_\_ Start-up \_\_\_ Expansion/Enhancement
- \_\_\_ Post-Secondary Education for: \_\_\_ Myself \_\_\_ Spouse/Child/Tax Dependent
- \_\_\_ Personal Vehicle Purchase (for applicant that does not own a vehicle.)

**Emergency Contact Information – Required:** List someone that can reach you if we lose contact with you.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Relationship to You \_\_\_\_\_

|                             |                      |
|-----------------------------|----------------------|
| <b>Applicant Last Name:</b> | <b>Local Agency:</b> |
|-----------------------------|----------------------|

I certify that the information I provided on this application is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Printed Name

**Consent to Obtain Credit Report** (required)

I give permission to \_\_\_\_\_ (local FAIM agency) to obtain a copy of my credit report/score at the **beginning AND end** of my participation in the FAIM program.

\_\_\_\_\_  
Applicant Signature Date

**\*\*\* For Home Asset Track \*\*\***

Provide information below on spouse/partner/co-borrower living with the applicant who may co-sign loan:

\_\_\_\_\_  
First Name Middle Initial Full Last Name

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Spouse/Partner/Co-Borrower Signature - **giving permission to pull a credit report** Date

**Consent for Release of Information (to share my story)**

I, \_\_\_\_\_, give \_\_\_\_\_, 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, utilizing my narrative on the website or in promotion of the program, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the agency listed above.

\_\_\_\_\_  
Applicant Signature Date

**Submission of this FAIM application and supporting documentation does not guarantee enrollment in the program.**

Applicant Last Name: Local Agency: