



# FAIM Program

## Exit Form

**This form is required when a participant's FAIM enrollment ends for any reason.**

Local Agency: \_\_\_\_\_ FAIM Coach: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_

FAIM Grant: \_\_\_\_\_ First Deposit Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

Asset Track:  Education  Home Purchase  Business Development  Vehicle Purchase

**Primary reason for exit *(choose one)*:**

**Payout Completed:**

- Reached IDA goal – Full use of match
- Reached IDA goal – Partial use of match

**No Payout Completed:**

- Car / home expenses
- Client lost interest in program
- Deceased
- Domestic reasons
- Loss of job / income
- Lost contact with client
- Medical reasons
- Moved out of area / state
- Not able to qualify for mortgage
- Not making deposits to FAIM savings account
- Reached 30 month enrollment
- Other – Specify:** \_\_\_\_\_

**Other/Program:**

- Not eligible for program – Specify: \_\_\_\_\_
- Violated program rules
- Withdrew FAIM savings without program authorization

**Exit Notes:**

Total savings deposited into his/her FAIM account: \$ \_\_\_\_\_

Total match earned on his/her FAIM savings: \$ \_\_\_\_\_

Total amount FAIM paid out to vendors for his/her asset: \$ \_\_\_\_\_

**Final credit score at end of FAIM enrollment *(Required)*:** \_\_\_\_\_

**Source of final credit score** (example: Experian, Equifax, etc): \_\_\_\_\_

**FAIM Asset Information****Home Purchase Asset:**

Street address: \_\_\_\_\_

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

Mortgage lender: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Loan amount: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

Loan type: \_\_\_\_\_ Loan duration: \_\_\_\_\_

Other resources leveraged (example: First Time Homebuyers, Habitat for Humanity, Rehab Program, etc.): \_\_\_\_\_

Other resources total: \$ \_\_\_\_\_ Annual property taxes: \$ \_\_\_\_\_

**Education Asset:**  Self **OR**  Spouse/Dependent: \_\_\_\_\_

Field(s) of study: \_\_\_\_\_

Credits earned to date: \_\_\_\_\_

Diploma/degree granted: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate or license obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Overall total tuition/fees paid to date: \$ \_\_\_\_\_

Current student loan balance: \$ \_\_\_\_\_ Lender name: \_\_\_\_\_

List other resources leveraged (example: grants, scholarships, special programs, etc.): \_\_\_\_\_

Other resources total: \$ \_\_\_\_\_

**Business Development Asset:**  Start-up **OR**  Expansion

Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Description/type of business: \_\_\_\_\_

Current value of the business: \$ \_\_\_\_\_ Annual gross sales: \$ \_\_\_\_\_

Current business loan balance: \$ \_\_\_\_\_ Lender name: \_\_\_\_\_

**Vehicle Purchase Asset:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Odometer reading: \_\_\_\_\_ Date purchased: \_\_\_\_\_

Vehicle sale price: \$ \_\_\_\_\_ Total purchase price w/fees: \$ \_\_\_\_\_

Lender: \_\_\_\_\_

Loan amount: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ % Loan duration: \_\_\_\_\_

List other resources leveraged: \_\_\_\_\_

Other resources total: \$ \_\_\_\_\_

**Participation in other income transfer or tax credit programs:** Yes  No Currently receiving TANF Yes  No Federal Earned Income Tax Credit recipient – most recent tax year Yes  No State Working Family Tax Credit recipient – most recent tax year Yes  No Childcare Tax Credit recipient – most recent tax year

**Participant Current Demographics:**

Street Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
 Housing Status: \_\_\_\_\_ Health Insurance: \_\_\_\_\_  
 Income Range: \_\_\_\_\_ Education Completed: \_\_\_\_\_

**Net Worth:**

**Current Assets:**

Vehicle 1 value: \$ \_\_\_\_\_  
 Vehicle 2 value: \$ \_\_\_\_\_  
 Vehicle 3 value: \$ \_\_\_\_\_  
 Home value: \$ \_\_\_\_\_  
 Business value: \$ \_\_\_\_\_  
 Other property value: \$ \_\_\_\_\_  
 Savings balance: \$ \_\_\_\_\_  
 Checking balance: \$ \_\_\_\_\_  
 401k, IRA, etc. value: \$ \_\_\_\_\_  
 Stocks/bonds value: \$ \_\_\_\_\_  
 Other investments value: \$ \_\_\_\_\_

**Current Liabilities:**

Vehicle 1 loan balance: \$ \_\_\_\_\_  
 Vehicle 2 loan balance: \$ \_\_\_\_\_  
 Vehicle 3 loan balance: \$ \_\_\_\_\_  
 Mortgage balance: \$ \_\_\_\_\_  
 Business loan balance: \$ \_\_\_\_\_  
 Other property balance: \$ \_\_\_\_\_  
 Other loans balance: \$ \_\_\_\_\_  
 Balance owed to family/friends: \$ \_\_\_\_\_  
 Past due household bills balance: \$ \_\_\_\_\_  
 Credit card(s) balance: \$ \_\_\_\_\_  
 Student loan balance: \$ \_\_\_\_\_  
 Medical bills balance: \$ \_\_\_\_\_

**Current Household Monthly Gross Income:**

Income Source	Household Member:	FAIM Participant \$	Other:	Other:
Formal employment		\$	\$	\$
<input type="checkbox"/> Self-employment <input type="checkbox"/> Odd jobs		\$	\$	\$
<input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp		\$	\$	\$
Gov't Assist: MFIP, Food Supp, Social Security Benefits		\$	\$	\$
<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony		\$	\$	\$
Funds from family / friends		\$	\$	\$
Pension / retirement income		\$	\$	\$
Veteran's benefits		\$	\$	\$
Investment income		\$	\$	\$
Other income: _____		\$	\$	\$

**Participant debt payment at the end of FAIM enrollment:**

Monthly rent or mortgage payment (include escrow amount for taxes and insurance): \$ \_\_\_\_\_  
 Monthly vehicle loan payments total: \$ \_\_\_\_\_  
 Monthly student loan payments: \$ \_\_\_\_\_  
 Monthly minimum credit card payments: \$ \_\_\_\_\_  
 Monthly installment or personal loan payments: \$ \_\_\_\_\_  
 Monthly minimum line of credit payments: \$ \_\_\_\_\_  
 Monthly child support and/or alimony payments: \$ \_\_\_\_\_