

# VIDA Application Worksheet

Full name: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Home telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile or work telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

County of residence: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Language preferred for program correspondence: \_\_\_\_\_ Country of birth? \_\_\_\_\_

Race:

Alaskan Native  
Asian  
Black/African American  
Native American  
Native Hawaiian/Other  
Pacific Islander  
White  
Other: \_\_\_\_\_

Level of education you've finished:

Grades K-5  
Grades 6-8  
Some high school  
High school/GED  
Some college  
Two-year degree  
Four-year degree  
Some graduate school  
Graduate degree

Your marital status:

Single  
Domestic Partner  
Married  
Separated  
Divorced  
Widowed

Your school status:

Not enrolled  
Enrolled, full time  
Enrolled, part time

Hispanic? Yes No

Your household type:

Single person household  
Two+ adults, no children  
Two parent household  
Single mother household  
Single father household  
Other: \_\_\_\_\_

Gender:

Male  
Female  
Other: \_\_\_\_\_

Your housing type:

Own  
Rent  
Homeless  
Youth living w/ family member  
Group home  
Other: \_\_\_\_\_

Adults (18 and over) Living in Household: \_\_\_\_\_ Children (under 18) Living in Household: \_\_\_\_\_

Number of Income Earners: \_\_\_\_\_

Participant Income:

Other in Household Income

Wages/Salaries/Bonuses and Commissions: \_\_\_\_\_

Wages/Salaries/Bonuses and Commissions: \_\_\_\_\_

Business Income/Self Employment: \_\_\_\_\_

Business Income/Self Employment: \_\_\_\_\_

Pension Fund Income: \_\_\_\_\_

Pension Fund Income: \_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_

Other Income Sources: \_\_\_\_\_

Other Income Sources: \_\_\_\_\_

Specify the source for "other" income: \_\_\_\_\_

Specify the source for "other" income: \_\_\_\_\_

Total Household Income: \_\_\_\_\_

**ASSETS +**

- 1. Cash on hand \_\_\_\_\_
- 2. Certificates of deposit (CD) \_\_\_\_\_
- 3. Savings accounts \_\_\_\_\_
- 4. Children’s savings accounts/CDs \_\_\_\_\_
- 5. Checking accounts \_\_\_\_\_
- 6. Home value \_\_\_\_\_
- 7. Business asset/inventory \_\_\_\_\_
- 8. Buiness bank account \_\_\_\_\_
- 9. Stocks/bonds (not retirement) \_\_\_\_\_
- 10. Retirement (401k/IRA/etc.) \_\_\_\_\_
- 11. Other Investments (\_\_\_\_\_) \_\_\_\_\_
- 12. Other Assets (\_\_\_\_\_) \_\_\_\_\_
- 13. Vehicle 1 (Most valuable): \_\_\_\_\_
- 14. Vehicle 2: \_\_\_\_\_
- 15. Vehicle 3: \_\_\_\_\_
- A. SUBTOTAL LINES 1-15 \_\_\_\_\_
- Minus line 13 \_\_\_\_\_
- Minus line 6 \_\_\_\_\_

30. Total Assets

**LIABILITIES -**

- 16. Unpaid taxes \_\_\_\_\_
- 17. Money owed to family/friends \_\_\_\_\_
- 18. Past due child support \_\_\_\_\_
- 19. Credit card debt \_\_\_\_\_
- 20. Store credit debt (e.g. Sears card) \_\_\_\_\_
- 21. Outstanding mortgage \_\_\_\_\_
- 22. Business debt \_\_\_\_\_
- 23. Medical debt \_\_\_\_\_
- 24. Personal line of credit \_\_\_\_\_
- 25. Student loans \_\_\_\_\_
- 26. Other (\_\_\_\_\_) \_\_\_\_\_
- 27. Vehicle 1 loan (Most debt): \_\_\_\_\_
- 28. Vehicle 2 loan: \_\_\_\_\_
- 29. Vehicle 3 loan: \_\_\_\_\_
- B. SUBTOTAL LINES 16-29 \_\_\_\_\_
- Minus line 27 \_\_\_\_\_
- Minus line 21 \_\_\_\_\_

31. Total Liabilities

Subtotal Lines 1-15 (A) - Subtotal Lines 16-29 (B) = FULL NET WORTH

Total Assets (line 30) - Total Liabilities (line 31) = NET WORTH

Do you or anyone in your household have:

- Oregon Health Plan insurance?..... Yes No
- Health insurance?..... Yes No
- Life insurance?..... Yes No
- Do you or anyone in your household currently receive:
- Employment-related daycare (cash payment)?..... Yes No
- Free or reduced price school lunches?..... Yes No
- State Working Family/Childcare Tax Credit?..... Yes No
- Support from Vocational Rehabilitation?..... Yes No
- Federal Housing Assistance?..... Yes No
- Food Stamps?..... Yes No
- WIC?..... Yes No
- Energy Assistance?..... Yes No
- TANF?..... Yes No
- Have you ever been a recipient of TANF or AFDC? ... Yes No
- Does anyone in your household participate in Head Start?..... Yes No

In the last 12 months has anyone in your household

- Received emergency food assistance? ..... Yes No
- Received State or Federal Earned Income Tax Credit? ..... Yes No
- Do you live on a reservation?..... Yes No
- Are you a veteran?..... Yes No
- Are you a youth currently in foster care? ..... Yes No
- Do you identify as having a disability ..... Yes No
- Do you current receive SSI or SSDI? ..... Yes No
- Prior to your IDA, have you ever owned a savings account?..... Yes No
- Have you ever owned a checking account?..... Yes No
- Prior to your IDA, have you ever used direct deposit for your paychecks?..... Yes No
- Have you or any household member ever participated in an IDA program?..... Yes No
- Are you or a relative an employee or volunteer with this organization?..... Yes No