



Valley Individual Development Accounts
Application Checklist

TODAY'S DATE: _____

NAME OF APPLICANT: _____

MEMBER ORGANIZATION: _____

IDA SPECIALIST: _____

\$60 application fee: Included with application []
Mailed separately []

Income Eligibility: Household size: _____ County: _____

80% AMI Limit: _____ 200% Poverty Limit: _____

Applicant household Income

Household net worth

\$ _____

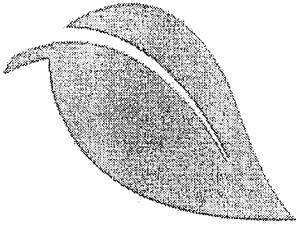
\$ _____

Application must contain the following;

- [] Intake Form
[] Income verification as required by the Income Calculation Worksheets
[] Savings Plan Agreement
[] Credit Score Authorization
[] Supplemental application document

IDA Specialist Signature

Date



VIDA Intake Form

Today's Date: _____ IDA Specialist: _____

Member: _____

Please complete the application in its entirety. If you prefer not to answer a question, write "declined to respond" or your application will be considered incomplete. Incomplete applications will not be considered.

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? _____

If you are under 18, please complete the following information:

Parent or Guardian's Name: _____ Relationship: _____

Home telephone #: (____) _____ - _____ Mobile or work telephone #: (____) _____ - _____

Race:

- Alaskan Native
- Asian
- Black/African American
- Native American
- Native Hawaiian/Other Pacific Islander
- White
- Other: _____

Ethnicity:

- Hispanic? Yes No
- Other: _____

Gender:

- Male
- Female
- 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 household type:

- Single person household
- Two+ adults, no children
- Two parent household
- Single mother household
- Single father household
- Other: _____

Your marital status:

- Single
- Domestic Partner
- Married
- Separated
- Divorced
- Widowed

Your school status:

- Not enrolled
- Enrolled, full time
- Enrolled, part time

Your housing type:

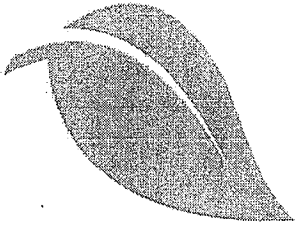
- Own
- Rent
- Homeless
- Youth living w/ family member
- Group home
- Other: _____

Your VIDA Financial Institution

Please choose a partner financial institution and branch from the list of current partners. You must make your opening deposit at the branch you select.

I will open an IDA savings account at _____
Name of Financial Institution

Branch



Your Employment History & Household Information

In this section you will fill out information about your household and any income that you (the applicant) or other household (HH) members receive (please mark \$0 if it does not apply). You will also enter information about your current employment situation.

1. APPLICANT CURRENT EMPLOYMENT & EMPLOYMENT STATUS

1a. Are you currently employed? (circle one) Yes No

Your primary employer: _____ Position/Job Title: _____

Wage \$_____/per hour or month (circle) - Average hours/week: _____ - Employed since ____/____

Your secondary employer: _____ Position/Job Title: _____

Wage \$_____/per hour or month (circle) - Average hours/week: _____ - Employed since ____/____

1b. If unemployed, select whatever applies to you? (circle one)

Volunteer Retired Disabled Not looking for work Looking for work

1c. Are you a farmworker or work in the agricultural industry? (circle one)

Migrant Seasonal Year-round Not a farmworker

Please list all household members below, NOT including you. If you need more space, please include other members on another page. For farmworkers, please indicate migrant, seasonal or year-round.

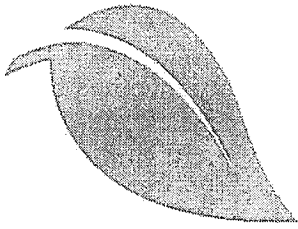
Legal Name	Relationship	Date of Birth	Farmworker? yes or no	Employer	Monthly Income

2. APPLICANT AND HOUSEHOLD COMBINED MONTHLY (GROSS) INCOME

Include all household members listed in the table above.

Please list your monthly gross (before tax) income for the following sources. Mark a \$0 if it does not apply.

- | | | |
|-------------------------------|-------------------|---------------------------------|
| a. Employment | Applicant \$_____ | Other Household Members \$_____ |
| b. Pension/retirement | Applicant \$_____ | Other Household Members \$_____ |
| c. Alimony | Applicant \$_____ | Other Household Members \$_____ |
| d. Social Security (SSI/SSDI) | Applicant \$_____ | Other Household Members \$_____ |
| e. Unemployment insurance | Applicant \$_____ | Other Household Members \$_____ |
| f. Auxiliary benefits | Applicant \$_____ | Other Household Members \$_____ |
| g. General assistance | Applicant \$_____ | Other Household Members \$_____ |
| h. Other _____ | Applicant \$_____ | Other Household Members \$_____ |



Calculating Your Household's Net Worth

Net worth equals your household's assets minus your liabilities. Assets are things you own; liabilities are things you owe. For example, a house has a market value (asset) and a mortgage (liability). Make sure you include the entire value of the asset or liability, not your monthly payment.

Please include your vehicles in both calculations.

ASSETS +		LIABILITIES -	
1. Cash	_____	16. Unpaid taxes	_____
2. Certificates of deposit (CD)	_____	17. Money owed to family/friends	_____
3. Savings accounts	_____	18. Past due child support	_____
4. Children's savings accounts/CDs	_____	19. Credit card debt	_____
5. Checking accounts	_____	20. Store credit debt (e.g. Sears card)	_____
6. Home value	_____	21. Outstanding mortgage	_____
7. Business asset/inventory	_____	22. Business debt	_____
8. Business bank account	_____	23. Medical debt	_____
9. Stocks/bonds (not retirement)	_____	24. Personal line of credit	_____
10. Retirement (401k/IRA/etc.)	_____	25. Student loans	_____
11. Other Investments (_____)	_____	26. Other (_____)	_____
12. Other Assets (_____)	_____	27. Vehicle 1 loan (Most debt):	_____
13. Vehicle 1 (Most valuable):	_____	28. Vehicle 2 loan:	_____
14. Vehicle 2:	_____	29. Vehicle 3 loan:	_____
15. Vehicle 3:	_____		
<hr/>		<hr/>	
SUBTOTAL LINES 1-15	_____	SUBTOTAL LINES 16-29	_____
Minus line 13	_____	Minus line 27	_____
Minus line 6	_____	Minus line 21	_____
30. Total Assets	<input style="width: 80px; height: 25px;" type="text"/>	31. Total Liabilities	<input style="width: 80px; height: 25px;" type="text"/>

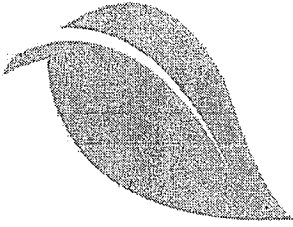
Total Assets (line 30) - Total Liabilities (line 31) = NET WORTH

Please include information about all your vehicle(s).

Vehicle 1: Make: _____ Model: _____ Mileage: _____ Year: _____

Vehicle 2: Make: _____ Model: _____ Mileage: _____ Year: _____

Vehicle 3: Make: _____ Model: _____ Mileage: _____ Year: _____



Household Information & Certification

In this section you will provide more information about your household and will sign off that the information on this application form is correct.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS ABOUT YOUR HOUSEHOLD:

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

In the last 12 months has anyone in your household 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

CERTIFICATION

I understand the information I have provided in the Application will be kept confidential. I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation, false or misleading statement may result in the denial of my application, exit from the program, or permanent disqualification from the program.

Applicant's signature

Printed name

Date

Parent/guardian's signature (if applicant is under 18)

Printed name

Date



SAVINGS PLAN AGREEMENT

Participant: _____

VIDA Member: _____

VIDA Administrator: Community And Shelter Assistance Corp. of Oregon ("CASA")

This Savings Plan Agreement outlines Participant responsibilities and what CASA will offer under VIDA Individual Development Account ("Account") program ("Program"). These responsibilities are further defined in the Participant Handbook, which is incorporated into this Agreement by reference. Participant acknowledges receiving a copy of the Participant Handbook and agrees to its terms.

Participant, VIDA Administrator, and Member Responsibilities

1. **Asset Goal:** The Participant agrees to use the Account towards the purchase of one of the following assets:
 - Homeownership: for down payment and/or closing costs of a primary residence; or,
 - Post-secondary education: for tuition, books, fees or course-related supplies or equipment; or,
 - Small business development: for costs associated with the capitalization of a business; or
 - Home rehabilitation/repair: for repairs or modifications associated with making a home habitable or accessible;
 - Workforce development: for the purchase of adaptive equipment, technology or specialized training resulting in obtaining or maintaining employment.
2. **Definitions.** The following definitions apply to the Program:
 - 2.1 Participant Savings: the total amount the Participant deposits into the VIDA Savings Account.
 - 2.2 Matching Funds: the total amount of match that CASA provides.
 - 2.3 VIDA Funds: the total of the Participant Savings and Matching Funds together.
 - 2.4 Savings Period: the total period covered in Column A of Section 6 below.
3. **VIDA Savings Account and Minimum Monthly Savings:**
 - 3.1 The Participant agrees to open a savings account at the financial institution named in the VIDA Intake Form by the date specified in the welcome letter, receipt of which indicates official enrollment in the Program.
 - 3.2 The Participant agrees to open the Account as a joint account with CASA as co-signer on all withdrawals from the account.
 - 3.3 The opening deposit, and every deposit thereafter, must be a minimum of \$25.
4. **Minimum Monthly Savings:** The Participant agrees to make a minimum deposit of \$25 per month in this savings account until the last withdrawal from this account that receives match funds.
5. **Savings Plan:** The Participant agrees to meet the savings goal by the end of the savings period.



SAVINGS PLAN AGREEMENT

Please note that the savings period choice is binding and final. (Record your choice in the following table. Record details on lump sum deposits in section 6.)

A. Savings period (month/year to month/year)	B. Number of months in savings period	C. Participant savings per month (>\$25/mo)	D. Total lump sum deposits (total from Section 6)	E. Savings goal (multiply Col. B by Col. C, then add to Col. D)	F. Total match funds earned (three times column E)	G. Total IDA available (Col. E + Col. F)
<i>E X A M P L E</i>						
<i>3/09 to 10/11</i>	<i>30</i>	<i>\$60</i>	<i>\$150</i>	<i>\$1,950</i>	<i>\$5,850</i>	<i>\$7,800</i>

6. Lump Sum Deposits: The Participant understands that lump sum deposits are only permitted from the following sources: tax returns, Earned Income Tax Credits (EITCs), bonuses from employment, tribal per capita distributions, and prior savings up to \$75. The Participant agrees to make lump sum deposits as recorded in the following table. (Record estimates of the amount of the lump sum deposits and deposit dates to the best of your ability.)

Participant's initials	Amount of deposit	Source of deposit	Date of Deposit

7. Early Exit from Program:

- 7.1 The Participant understands that he/she will be exited from the Program early for any of the following reasons:
- 7.1.1 He/she does not open the Account by the date specified in the welcome letter, receipt of which indicates official enrollment in the Program;
 - 7.1.2 He/she misses three deposits within a six month period;
 - 7.1.3 He/she misses four deposits within a twelve month period;
 - 7.1.4 He/she fails to meet the total savings goal within the savings period as recorded by the Participant in section 5 of this agreement;
 - 7.1.5 He/she moves his/her residence out of the State of Oregon;
 - 7.1.6 He/she is unable to fulfill the required financial education and asset-specific trainings, as outlined in section 9 below;
 - 7.1.7 He/she fails to submit a satisfactory Participant Development Plan as set forth in section 10 below;
 - 7.1.8 He/she withdraws funds without prior approval from CASA of Oregon, as outlined in section 11 below;
 - 7.1.9 The Participant fails to spend all funds within six months after the end of the Savings Period.

- 7.1.10 The Participant fails to participate in the program evaluation (see section 13); or,
 - 7.1.11 Other failure to comply with the requirements of the Program, as determined at the sole discretion of CASA.
 - 7.2 Participant will be given thirty (30) days written notice prior to early exit with the opportunity to file a petition to cure reasons for being exited early from the Program.
 - 7.3 Notwithstanding the foregoing however, the Participant may apply to CASA in writing for a waiver of any of the foregoing requirements, which waiver may be granted by CASA, at its sole discretion.
 - 7.4 If the Participant is exited early from the Program, the Participant Savings will be returned to the Participant with any interested credited to the account. Participant will not be entitled to any Matching Funds. Participant will not be entitled to enroll in another VIDA account for a period of one year from being exited early.
- 8. **Workshop Participation:** Participant agrees to attend at least ten hours of financial education and at least six hours of asset-specific training(s) offered by VIDA Member per Program requirements. Participant understands that full completion of the aforementioned trainings is required to receive any Matching Funds.
- 9. **Participant Development Plan:** The Participant agrees to draft and submit to VIDA Member for approval a Participant Development Plan after finishing the required trainings as outlined in section 9. The final drafts of the Savings and Budget Work Plan and Participant Development Plan are due at least sixty (60) days before the savings end date. The final draft of the Savings and Budget Work Plan and the Participant Development Plan must be approved by CASA, at its sole discretion, before the Participant will qualify for any matching funds available under the Program.
- 10. **Withdrawal of Funds:**
 - 10.1 The Participant understands that no funds can be withdrawn until the Participant has saved for six months.
 - 10.2 The Participant understands that funds cannot be withdrawn until the Participant's savings goal is met.
 - 10.3 The Participant understands and agrees that funds cannot be withdrawn from the Account, except for the specified asset goal selected in this agreement and in the Participant Development Plan.
 - 10.4 In the case of extenuating circumstances or emergencies, a Participant may choose to apply to CASA for an emergency withdrawal. If an emergency withdrawal is granted, at the sole discretion of CASA, the Participant may withdraw his/her savings funds without affecting his/her participation status in the Program.
 - 10.5 Participant understands that savings and interest earned on savings are subject to legal process including garnishments.
 - 10.6 Participant understands that VIDA funds (personal savings and match funds earned) must be used within six months after reaching the end of the savings period.
 - 10.7 Participant understands that no withdrawals may be made to pay for past purchases

made or to pay off the balance of any personal credit cards.

12. Change of Asset Goal:

- 12.1 The Participant understands that he/she may change the asset goal but may be subject to new training requirements and a new Savings Plan Agreement.
- 12.2 The Participant understands that changing the asset goal must take place at least six months before making a matched withdrawal.
- 12.3 The Participant understands that the asset goal cannot be changed after making a matched withdrawal.

13. Program Evaluation: The Participant agrees to participate in the evaluation of the Program. The Participant understands that evaluations may take place during and after participation in the Program. **FAIR CREDIT REPORTING ACT NOTICE** – By signing this Agreement, he/she understands, authorizes, and approves the request of the Participant's credit report. He/she understands that CASA of Oregon intends to use the credit score for purposes of evaluating the VIDA program, and this information will not affect Participant eligibility for the VIDA Program. He/she understands that consent is voluntary but if not given, CASA cannot obtain the report. The Participant understands that his/her can withdraw his/her consent at any time. This notice is given to the Participant pursuant to the Fair Credit Reporting Act.

The Participant understands and agrees to the following **Agreement to Participate in VIDA Program Evaluation:**

- 7.2 The Participant understands that CASA of Oregon has requested his/her participation to evaluate the VIDA program.
- 7.2 The Participants understands that the purpose of the evaluation is to gain a better understanding of the effectiveness of the VIDA program on VIDA participants' ability to build assets and be better off financially.
- 7.2 The Participation in the evaluation will involve:
 - 2.1 Signing a consent form allowing CASA of Oregon to obtain the Participant's credit report, a soft inquiry which will not affect the Participant's credit score negatively;
 - 2.2 Completing two confidential surveys—one when the Participant leaves the program and another twelve months following the completion of the first survey; and
 - 2.3 Completing an exit interview.
- 7.2 The Participant understands that the questions in the confidential surveys ask for information about his/her experience with the VIDA program; demographic information including educational attainment, occupational status, and race/ethnicity; and personal financial information including income, net worth, credit, and financial goals.
- 7.2 The Participant understands that the exit interview consists of questions related to his/her experience with the VIDA program including the trainings and support services, the financial institution, and ways he/she has changed because of the program.
- 7.2 The Participant understands that CASA of Oregon will obtain a copy of his/her current credit report and credit score within thirty days of his/her acceptance into the VIDA program and within thirty days of his/her exiting the VIDA program. Credit report information is sensitive information. However, CASA of Oregon will use this credit report information only for the

- purposes of the program evaluation and will keep the credit report information confidential.
- 7.2 The Participant understands that the results of the program evaluation may be published but that his/her name or identity will not be revealed and that his/her record will remain confidential.
- 7.2 The Participant understands that his/her participation in the program evaluation will allow CASA of Oregon to better understand the effects of the VIDA program on the program participants. He/she understands that this evaluation may help other people with low incomes to build assets and help other programs better serve their program participants. He/she understands that evaluation participants may not benefit from taking part in this evaluation.
- 7.2 The Participant understands that participation in the program evaluation is a requirement to participating in the VIDA program. He/she understands that the alternative to non-participation in the evaluation is to not participate in the VIDA program.
- 7.2 The Participant understands that his/her participation in the program evaluation is voluntary and that refusal to participate will involve no penalty to him/her or loss of any benefits to which he/she is otherwise entitled outside of the VIDA program.
- 7.2 The Participant authorizes CASA of Oregon to:
- 2.1 Pull his/her credit report, a soft inquiry which will not affect his/her credit score negatively, from TransUnion, a credit reporting agency, at two times:
- Within thirty days of his/her acceptance into the VIDA program
 - Within thirty days of his or her exit from the VIDA program (whether having successfully completed the program, voluntarily withdrawn from the program, or being exited early from the program)
- 2.2 Use his/her credit scores at entry and exit from the VIDA program for program evaluation purposes.
- 2.3 Keep his/her credit information confidential, as described in the Privacy Policy, which is part of the Participant Handbook.

VIDA Administrator and VIDA Member Responsibilities

- 14. Matching Funds:** If the Participant satisfies all of the requirements of the Program, CASA will match three dollars for every dollar a Participant deposits into his/her Account (less any approved emergency withdrawal) during the savings period elected by the Participant up to a maximum match amount as identified in section five of this agreement.
- 15. Required Workshops.** The VIDA Member will refer the Participant to required financial education and asset-specific trainings or workshops and provide those at no cost to the Participant.
- 16. Account Statements:** CASA will send the Participant a monthly statement showing the total VIDA funds.
- 17. Disbursal of Matching Funds:** Matching funds will be paid directly to the vendor(s) selected by the Participant as set forth in the Participant's Personal Development Plan. Matching funds will



SAVINGS PLAN AGREEMENT

not be disbursed by CASA more than six calendar months after the end of the savings period elected by the Participant in section five of this agreement. Failure by the Participant to seek a disbursement within six months after the end of the savings period elected by the Participant will result in a forfeiture of matching funds under the Program.

18. Amendments to the agreement: CASA of Oregon has the right to amend this agreement by providing the Participant with written notice of any change by regular mail.

Certification

The Participant has read the above Agreement and has been able to ask questions and express concerns, which have been satisfactorily, responded to by his/her IDA Specialist. The Participant believes he/she understands the purpose of the VIDA savings plan agreement, including the program evaluation. The Participant hereby gives his/her informed and free consent to participate in the evaluation. The Participant agrees to abide by this Agreement and the Participant Handbook which is incorporated into this agreement by reference. This agreement is effective on the date listed below.

Participant Signature: _____ Date: _____

The VIDA Member certifies that it has explained to the above individual the nature and purpose of this Agreement, including the VIDA program evaluation, has answered any questions that have been raised, and has witnessed the above signature. The VIDA Member has provided the VIDA applicant with a copy of this signed consent document and the Participant Handbook.

VIDA Member
Authorized Signature: _____ Date: _____

CASA of Oregon
Authorized Signature: _____ Date: _____



Agreement to Participate in VIDA Program Evaluation

1. CASA of Oregon has requested my participation to evaluate the VIDA program.
2. I understand that the purpose of the evaluation is to gain a better understanding of the effectiveness of the VIDA program on VIDA participants' ability to build assets and be better off financially.
3. My participation in the evaluation will involve:
 - (a) Signing a consent form allowing CASA of Oregon to obtain my credit report, a soft inquiry which will not affect my credit score negatively;
 - (b) Completing two confidential surveys—one when I leave the program and another one 12 months following the completion of the first survey; and
 - (c) Completing an exit interview.
4. I understand that the questions in the confidential surveys ask for information about my experience with the VIDA program; demographic information including educational attainment, occupational status, and race/ethnicity; and personal financial information including income, net worth, credit, and financial goals.
5. I understand that the exit interview consists of questions related to my experience with the VIDA program including the trainings and support services, the financial institution, and ways I have changed because of the program.
6. I understand that CASA of Oregon will obtain a copy of my current credit report and credit score within 30 days of my acceptance into the VIDA program and within 30 days of my exiting the VIDA program. Credit report information is sensitive information. However, CASA of Oregon will use this credit report information only for the purposes of the program evaluation and will keep the credit report information confidential.
7. I understand that the results of the program evaluation may be published but that my name or identity will not be revealed and that my record will remain confidential.
8. I understand that my participation in the program evaluation will allow CASA of Oregon to better understand the effects of the VIDA program on the program participants. I understand that this evaluation may help other people with low incomes to build assets and help other programs better serve their program participants. I understand that evaluation participants may not benefit from taking part in this evaluation.
9. I understand that participation in the program evaluation is a requirement to participating in the VIDA program. I understand that the alternative to non-participation in the evaluation is to not participate in the VIDA program.

10. I understand that my participation in the program evaluation is voluntary and that refusal to participate will involve no penalty to me or loss of any benefits to which I am otherwise entitled outside of the VIDA program. I understand that I may withdraw from the VIDA program at any time without penalty or loss of benefits outside of the VIDA program to which I am otherwise entitled. I understand that I will not be eligible to receive any matching funds if I withdraw from the program.
11. I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by my IDA Specialist. I believe I understand the purpose of the VIDA program evaluation. I hereby give my informed and free consent to participate in the evaluation.

_____ Signature of VIDA Applicant
_____ Printed Name of VIDA Applicant
_____ Date

I certify that I have explained to the above individual the nature and purpose of the VIDA program evaluation, have answered any questions that have been raised, and have witnessed the above signature.

I have provided the VIDA applicant with a copy of this signed consent document.

_____ Signature of IDA Specialist
_____ Printed Name of IDA Specialist
_____ Date
_____ VIDA Member Organization



Authorization and Consent to Obtain Credit Report for Program Evaluation

I authorize CASA of Oregon to:

- 1) Pull my credit report, a soft inquiry which will not affect my credit score negatively, from TransUnion, a credit reporting agency, at two times:
 - a. Within 30 days of my acceptance into the VIDA program
 - b. Within 30 days of my exiting the VIDA program (whether I successfully complete the program, voluntarily withdraw from the program, or am involuntarily terminated from the program)
- 2) Use my credit scores at entry and exit from the VIDA program for program evaluation purposes.
- 3) Keep my credit information confidential, as described in the attached Privacy Policy.

FAIR CREDIT REPORTING ACT NOTICE – By signing below, I understand, authorize, and approve the request of my credit report. I understand that CASA of Oregon intends to use the credit score for purposes of evaluating the VIDA program, and this information will not affect my eligibility for participation in the VIDA Program. I understand that my consent is voluntary. If I do not give my consent, CASA cannot obtain the report. I understand that I can withdraw my consent at any time. This notice is given to me pursuant to the Fair Credit Reporting Act.

Signature of VIDA Applicant

Printed Name of VIDA Applicant

Street Address

City, State, ZIP

SSN or ITIN

Date

Signature of IDA Specialist

Printed Name of IDA Specialist

VIDA Member Organization

Date



Privacy Policy

CASA of Oregon takes the financial privacy of its VIDA participants very seriously. This notice describes our policy regarding the collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information.

Information We Collect

We collect personal non-public information about you to determine your eligibility for the VIDA program and to aid in program evaluation.

We collect personal non-public information about you from the following sources:

- Information that we receive from you on your application or other forms;
- Information about your account transactions at the financial institution holding your IDA; and
- Information we receive from TransUnion, a consumer credit reporting agency.

Information We Disclose

We may disclose the following kinds of personal non-public information about you:

- Information we receive from you on your application or other forms;
- Transaction information we receive from the financial institution holding your IDA, such as deposits, withdrawals, interest, and balances; and
- Your credit score that we receive from TransUnion, a consumer credit reporting agency. (Your credit score will remain anonymous. We will not disclose any personal information such as your name, Social Security Number, or Individual Taxpayer Identification Number along with your credit score.)

To Whom We Disclose

We may disclose personal non-public information about you to the following types of third parties:

1. The organization that enrolled you in the VIDA program and is supporting your participation in the program;
2. Other entities, such as mortgage companies or organizations involved in community development that may be assisting you in your asset purchase, but only if you give CASA of Oregon permission to share this information; and
3. Program funders such as Oregon Housing and Community Services (OHCS), the Neighborhood Partnership Fund (NPF), the U.S. Department of Health and Human Services Assets for Independence (AFI) program but only for IDA program review, auditing, research, and oversight purposes.

We use a third party service to host some of the data and information we receive from you and from the financial institution holding your IDA. We have an agreement with the third party to protect the privacy of your personal non-public information. The third party will not review, share, distribute, print, or reference any of your personal non-public information. The service has security systems to keep the data and information secure and confidential.