

**MID CENTRAL COMMUNITY ACTION IDA PROGRAM  
PRESCREENING APPLICATION FORM**

Name \_\_\_\_\_

Please begin by answering the following three questions.

1) Do you have earned income that you will be using for the deposits into your IDA account?

Yes  No

2) Does your annual income fall within the attached guidelines? (see income guidelines below)

Yes  No

3) Do you live in McLean or Livingston County?  Yes  No

If you answered yes to all three questions, please proceed with the application form. If you answered no to any of these questions, please stop here and contact a case manager at MCCA. You may not be eligible to participate in the IDA program at this time.

When you return the application also bring in your last 90 days income, Social Security cards for everyone in the household and your ID.

**McLean and Livingston Counties Income Guidelines**

Size of Family Unit	Annual Gross income (before taxes)
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

For each additional person add \$7,480





**Income Information**

Income of all household members - please list *adjusted gross income for the previous 12 months* and attach pay stubs for the past three months.

Adjusted gross income for the previous 12 months \$\_\_\_\_\_

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Last Year</u>
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Formal employment (wages) \$_____	\$_____	\$_____
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Self-employment (*selling things you make, doing laundry, sewing, childcare, etc.*)

\$_____	\$_____	\$_____
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Government assistance (*TANF Cash Assistance, SSI, Social Security, Unemployment or Veterans' Benefits*) \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Pensions or retirement income	\$_____	\$_____	\$_____
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Child support /Alimony payments	\$_____	\$_____	\$_____
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Investment income	\$_____	\$_____	\$_____
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Other (please specify: _____)	\$_____	\$_____	\$_____
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**Employment Information**

Primary Employment Status of Applicant (*choose one*):

- Employed more than full-time (*overtime or more than one job, for yourself or others*)
- Employed full-time (*for yourself or others*)
- Employed part-time (*for yourself or others*)
- Working and in school or job training

Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

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

Primary Employment Status of Any Other Prospective Home Buyer in Household (*choose one*):

- Employed more than full-time (*overtime or more than one job, for yourself or others*)
- Employed full-time (*for yourself or others*)
- Employed part-time (*for yourself or others*)
- Working and in school or job training

Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

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

<b>Assets &amp; Liabilities</b>
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Assets and liabilities:

*(Check one)*

Do you own 1 or more vehicles?  *Yes*     *No*    Outstanding vehicle loan(s): \$ \_\_\_\_\_

Do you rent or own?  *Yes*     *No*    If own, value of home: \$ \_\_\_\_\_  
Mortgage or rent payment \$ \_\_\_\_\_

Do you own a business?  *Yes*     *No*    Outstanding loan(s): \$ \_\_\_\_\_

Do you own residential rental property or land?  *Yes*     *No*    Value of property: \$ \_\_\_\_\_  
Outstanding property loan: \$ \_\_\_\_\_

Do you own stocks, bonds, 401k or other investments?  *Yes*     *No*    Value of investments: \$ \_\_\_\_\_

Do you have a checking account?  *Yes*     *No*    Amount in account: \$ \_\_\_\_\_

Do you have a savings account (other than an IDA)?  *Yes*     *No*    Amount in account: \$ \_\_\_\_\_

Do you owe money to friends or family?  *Yes*     *No*    Amount you owe: \$ \_\_\_\_\_

Do you have past due household bills?  *Yes*     *No*    Amount past due: \$ \_\_\_\_\_

Are you carrying a balance on credit card(s)?  *Yes*     *No*    If Yes how many? \_\_\_\_\_  
Amount of balance(s): \$ \_\_\_\_\_

Do you have outstanding student loans?  *Yes*     *No*    Outstanding loans: \$ \_\_\_\_\_

Do you have outstanding medical bills?  *Yes*     *No*    Outstanding balance: \$ \_\_\_\_\_

Please list any other outstanding debts not listed above. \_\_\_\_\_

**Applicant Personal Statement**

Please explain why you are interested in participating in the *MCCA IDA Program*.

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How much can you save each month? \$\_\_\_\_\_

Would you plan to save any additional funds (such as income tax refund, etc.)?  Yes  No

**Applicant Certification**

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicants under age 18 must have the consent of a parent or guardian:*

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the *MCCA IDA Program*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

*Return complete applications to: Mid Central Community Action  
1301 W Washington Street, Bloomington, IL 61701 (McLean County)  
For questions call 309-829-0691 x243 Becky or x224 Megan  
741 W. Washington Street, Suite 1, Pontiac, IL 61764 (Livingston County)  
For questions call 815-844-3201 ask for Teri*

***For Office Use Only***

Date received: \_\_\_\_\_ Application reviewed by: \_\_\_\_\_

Application complete

Interview scheduled: \_\_\_\_\_

Participant start date: \_\_\_\_\_

Paper file established

Data entered