

Santa Cruz Community Credit Union
Individual Development Account (IDA)
Assets For Independence
Participant Application

Completed application will be processed when proof of income is received by mail in/drop-off: Santa Cruz Community Credit Union, IDA Program, P. O. Box 1877 Santa Cruz Ca 95061-1877; or 324 Front St. Proof could be a copy: last year's income tax return, 1099- form, W-2 form, or the two most recent paystubs for all members of your household). Copies not originals. If you have any questions regarding the correct completion of this form or the IDA program in general, please contact the IDA program at (831) 460-2345.

Name _____ Date _____
First Last M.I

Date of birth ___ / ___ / ___ I.D. Number _____ Type: _____

Head of Household: Yes ___ No ___ **Number in Household:** ___

Applicant: Yes ___ No ___ Social Security Number ___ - ___ - ___

Gender: Male ___ Female ___

Ethnicity: African American ___ Asian Pacific Islander ___ Latino ___
Native American ___ White ___ Other ___ Unknown ___

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

Street Address: _____

City: _____ **State** ___ Zip Code: _____ Email: _____

Home Phone: _____ Cell Number: _____ Other: _____

Length of time at current address: _____ years _____ months

If less than one year, what was your previous address:

Street Address: _____

City: _____ Zip Code: _____

Length of time at this address: _____ years _____ months

Time living in Santa Cruz County: _____ years _____ months

Are you a United States citizen or resident? ___ Yes ___ No

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Employment Information

Are you currently employed? Full time ___ Part time ___ Hours per week _____
Self employed _____

If you are unemployed, how many years since you were employed:
1- 5 yrs ___ 6 – 10 yrs ___ over 10 yrs ___ Never employed for pay _____

Current Employer: _____ Position: _____

Address: _____ City: _____ Zip: _____

Years: ___ Months: ___ Phone: _____ Monthly Gross Salary: _____

Previous Employer: _____ Position: _____

Address: _____ City: _____ Zip: _____

Years: ___ Months: ___ Phone: _____ Monthly Gross Salary: _____

Income

	CalWORKs:	Federal EITC
Currently Eligible	Yes ___ No ___	Yes ___ No ___
Currently Receiving	Yes ___ No ___	Yes ___ No ___
Have Ever Received	Yes ___ No ___	Yes ___ No ___

Gross Annual Household Income \$ _____

Documentation Method: Paystubs ___ W2 ___ 1099 ___ Tax Return ___ Other ___

Please estimate annual assistance. This is not part of determining eligibility.

	Participant	Spouse/Household
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
SSI /SSD	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Total	\$ _____	\$ _____

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Please estimate annual income from these sources:

	Participant	Spouse/Household
Wages	\$ _____	\$ _____
Self Employment	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Retirement/ Pensions Benefits	\$ _____	\$ _____
Property Income	\$ _____	\$ _____
Veterans Assistance	\$ _____	\$ _____
Scholarships/Grants/ Fellowships	\$ _____	\$ _____
CalWORKs	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL:	\$: _____	\$ _____

Assets/You Own:

	Value	Balance Due	
Primary Resident	_____	_____	
Other Home/Property	_____	_____	
Business Ownership	_____	_____	
Investments	_____	_____	
Vehicles:	Make	Model	Mileage
	_____	_____	_____
	_____	_____	_____

Accounts:

Do you have a savings account? Yes ___ No ___ \$ _____
 Which financial institution (Bank/Credit Union): _____

Do you have a checking account? Yes ___ No ___ \$ _____
 Which financial institution (Bank/Credit Union): _____

Have you used direct deposit for your paychecks before? Yes ___ No ___

Liabilities/Debts You Owe:

Outstanding bills past due	\$ _____
Student loan outstanding balances	\$ _____
Medical bills outstanding balances	\$ _____
Personal loans outstanding balance	\$ _____
Credit Card outstanding balances	\$ _____
Payday loans	\$ _____
All other liabilities	\$ _____

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Household Members:

Name of each person living in household:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you first hear about the SCCCU IDA program?

Case Worker/Agency Friend/Relative Brochure Flyer Other _____

Please check any Community Partner that referred you to the IDA program:

- ALBA, CAFF FarmLink
- Above the Line
- Adult School, which one? _____
- Barrios Unidos
- Cabrillo College, which department? FTTW ECE Program Financial Aid
 Advancement Program (CAP) Student Services Other
- Child Care Center, which one? _____
- Church, Temple, Faith Organization, Which one? _____
- Community Action Board
- COPA
- County Office of Education
- Defensa de Mujeres / Women's Crisis Support
- El Pájaro Community Development Corporation
- Families in Transition
- Homeless Services Center
- Human Services Department, Which Department?
 CareerWorks Family and Children's Services Benefit Services
- La Familia Center
- Live Oak Family Resource Center
- La Manzana Resource Center
- Pajaro Valley Shelter
- PVUSD, Other School _____
- Santa Cruz Community Counseling Services/ Independent Living Program
- Second Harvest Food Bank
- UCSC, Which department? Education Partnership Financial Aid
 Extended Opportunity Program Services Transfer & Reentry Students
- Walnut Avenue Women's Center

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YWCA
 Other Community Service Program – Which One? _____

By submitting this application, I agree to all of the IDA policies and procedures, and confirm that all of the above application information is accurate. Failure to comply with this agreement or providing false information may result in termination of my SCCCU IDA Program Participation.

Name _____ **Date** _____

To be completed by the Community Partner Agency:

By submitting this document, I certify that I have reviewed applicant eligibility, documentation and information presented in this application. Based on all of the information contained this application is referred to the Santa Cruz Community Credit Union for final evaluation and approval.

Name Date

Contact Phone Email

Community Partner Agency: _____

Department _____