



# Riverside County Individual Development Account RIVCO.IDA

## PARTICIPANT APPLICATION

*Please note: All information requested on this application form will be kept confidential within the RIVCO.IDA Program and their community partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes. There is limited space in the program. Not everyone who qualifies will be chosen to participate.*

### PART 1: SELF-EVALUATION

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. My household income is less than the limit described on Charts 1 or 2 below:  
   YES    NO

**Chart 1: Earned Income Tax Credit Guidelines, 2008**

Household Size	Maximum Household Adjusted Income*	
	Head of Household	Married Filing Joint
Household with 0 children	\$12,880	\$15,880
Household with 1 Child	\$33,995	\$36,995
Household with 2 children or more	\$38,646	\$41,646

**Chart 2: 200% of Federal Poverty Guidelines, 2008**

Size of Family Unit*	Poverty Guideline	200% (Maximum Household Income)*
1 person	\$10,400	\$20,800
2 people	14,000	28,000
3 people	17,600	35,200
4 people	21,200	42,400
5 people	24,800	49,600
6 people	28,400	56,800
7 people	32,000	64,000
8 people	35,600	71,200

\*Eligibility for RIVCO.IDA is based upon either Earned Income Tax Credit Guidelines or 200% of Federal Poverty Guidelines. Household means **all** individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals.

Date you attended ORIENTATION \_\_\_\_\_ Orientation Location \_\_\_\_\_

How did you hear about RIVCO.IDA? \_\_\_\_\_

Do you have any special needs program staff should know about? \_\_\_\_\_

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2. Do you own more than one home? YES  NO   
 Are you a renter? YES  NO
3. Does your property and savings (excluding house and one car) exceed \$10,000?  
 YES  NO
4. What does your household income include (check all that apply):
- |            |                          |             |                          |               |                          |
|------------|--------------------------|-------------|--------------------------|---------------|--------------------------|
| TANF       | <input type="checkbox"/> | Food Stamps | <input type="checkbox"/> | Child Support | <input type="checkbox"/> |
| Employment | <input type="checkbox"/> | Medicaid    | <input type="checkbox"/> | Alimony       | <input type="checkbox"/> |
| WIC        | <input type="checkbox"/> | SSI         | <input type="checkbox"/> |               |                          |
| Medicare   | <input type="checkbox"/> | CalWorks    | <input type="checkbox"/> |               |                          |
- Other, please specify \_\_\_\_\_
5. Will you be able to show your source of income? YES  NO
6. Will you be able to save at least \$20 per month? YES  NO
7. Are you willing to attend life skill classes such as money management and credit counseling while you are in the savings program?  
 YES  NO
8. What do you want to save for (check only one):
- |                            |                          |
|----------------------------|--------------------------|
| Buy a house                | <input type="checkbox"/> |
| Go back to school          | <input type="checkbox"/> |
| Start or expand a business | <input type="checkbox"/> |
9. Are you receiving subsidized housing assistance? YES  NO

I am a current participant in \_\_\_\_\_ program.

### Emergency Contact Information

*Please list a relative or friend who will know how to contact you, even if you move:*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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## PART 2: Applicant Information

### Household Information

How many adults (18yrs and older) currently live in applicant's household: \_\_\_\_\_

How many children (under 18yrs) currently live in applicant's household: \_\_\_\_\_

Applicant's marital status:     Single (never married)     Married     Separated  
     Divorced     Widowed

What is the primary language spoken in your household? \_\_\_\_\_

If it is not English, is English also spoken?    YES     NO     By Whom? \_\_\_\_\_

Ethnicity:     African American     Caucasian     Latino or Hispanic  
                   Asian, Pacific Islander     Native American     Other (*please specify:* \_\_\_\_\_)

Highest Level of Education Completed:

- |  |   |
|--|---|
| <input type="checkbox"/> Grade K through 5           | <input type="checkbox"/> Grade 6 through 8                  |
| <input type="checkbox"/> Grade 9 through 12          | <input type="checkbox"/> High School Diploma or GED         |
| <input type="checkbox"/> Attended college            | <input type="checkbox"/> Graduated junior college (2 years) |
| <input type="checkbox"/> Graduated college (4 years) | <input type="checkbox"/> Attended graduate school           |

### Income Information

Income of all household members - please list *gross income* (before taxes):

**Monthly Amount**

Formal employment (wages)    \$ _____	TANF    \$ _____
Self-employment earnings    \$ _____	Food Stamps    \$ _____
Unemployment    \$ _____	Social Security    \$ _____
Veterans' Benefits    \$ _____	
Pensions, retirement income, child support, investment income, other (please specify) _____ \$ _____	

**PLEASE NOTE THAT YOU MUST PROVIDE A COPY OF YOUR 2008 FEDERAL INCOME TAX RETURN AND A COPY OF A CURRENT UTILITY BILL WITH YOUR APPLICATION AS PROOF OF INCOME AND PROOF OF RESIDENCE.**

### Employment Information

**PRIMARY EMPLOYMENT STATUS (*CHOOSE ONLY ONE*):**

- |  |   |
|--|---|
| <input type="checkbox"/> Employed more than full-time ( <i>more than one job, for yourself or others</i> ) | <input type="checkbox"/> Employed part-time ( <i>for yourself or others</i> ) |
| <input type="checkbox"/> Employed full-time ( <i>for yourself or others</i> )                              | <input type="checkbox"/> Currently seeking employment                         |
| <input type="checkbox"/> Working and in school or job training   |   |

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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### PART 3: Applicant Narrative

Please answer each of the following questions on a separate piece of paper in your own words. Typed responses are preferred, but you are welcome to hand write your responses. **PLEASE BE SURE THAT YOU PRINT OR WRITE CLEARLY SO WE CAN READ YOUR APPLICATION.**

- 1. What is your savings goal?** Clearly define your individual and/ family savings goal(s); tell how you plan to reach the savings goal(s); explain what you have done to date to reach the savings goal(s); describe how you plan to reach the savings goal(s) you identified. **\*\* DO NOT WRITE IN THIS SPACE. PLEASE ATTACH SEPARATE SHEETS. \*\***
- 2. Identify a barrier in your life and tell how you overcame it or are dealing with it now.** Describe specific barrier(s) or obstacles you have faced in your life; tell how you worked through the issues and what changes you have made; highlight what you have learned from the experience; tell how you plan to avoid similar barriers in the future and how this experience will help you succeed in the RIVCO.IDA program. **\*\*DO NOT WRITE IN THIS SPACE. PLEASE ATTACH SEPARATE SHEETS. \*\***
- 3. Please provide “Letters of Support” telling why you should be selected for the RIVCO.IDA program.** Minimum requirement is 2 letters written by adults, but you are welcome to include more letters if you wish. These letters can be from family members, friends or neighbors, case workers, clergy, employers, etc. The person should indicate their relationship to the applicant, state how long they have known the applicant and give a brief description of what role they will play in helping the applicant achieve their goals.

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## PART 4: Applicant Certification/Signature

My signature below certifies that all information provided in 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 **RIVCO.IDA**.

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

Relationship to Applicant: \_\_\_\_\_

### ***Photo Release***

*I, \_\_\_\_\_, give Community Action Partnership of Riverside County the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW), or other form of promotion. I release CAP Riverside, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.*

*Signature* \_\_\_\_\_

### ***For Office Use Only***

Date Received: \_\_\_\_\_ Application Reviewed by: \_\_\_\_\_

Status \_\_\_\_\_ Orientation \_\_\_\_\_

Date to Selection Committee \_\_\_\_\_ Disposition \_\_\_\_\_

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## Riverside County Individual Development Account RIVCO.IDA

### Essential Expenses

CATEGORY	Monthly Average	Revised Monthly Average
<b>Housing</b>		
Rent/Mortgage		
2 <sup>nd</sup> mortgage/Equity Line		
Property Taxes		
Homeowner's/Renters insurance		
Condo Fees/HOA dues		
Gas/Electric/Propane		
Water/Sewage/Trash Collection		
Telephone (including long distance/cell phone)		
<b>Food</b>		
Groceries/Household items		
Lunch at work/school		
Kid's lunches		
<b>Medical Care</b>		
Doctor/Chiropractor (co-payments)		
Optometrist/Lenses/Glasses		
Dentist/Orthodontist		
Prescriptions/Medications		
Counseling/Therapy		
<b>Transportation</b>		
Car payment 1		
Car payment 2		
Auto Insurance		
Gas/Oil		
Repairs		
DMV Smog Certification		
Tolls/Parking		
Public Transportation/Taxis		
<b>Child Care</b>		
Daycare/Babysitting		
Child Support		
<b>School</b>		
Tuition		
Parking		
Books & fees		
Student Loan repayment		
Private School Tuition		
Uniforms		
Tutoring		
<b>Savings</b>		
Emergency		
IDA savings goal (\$20/\$56/\$84 monthly)		
<b>TOTAL ESSENTIAL MONTHLY EXPENSES</b>		

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### Variable Expenses

CATEGORY	Monthly Average	Revised Monthly Average
<b>Personal</b>		
Beauty Salon/Barber Shop		
Clothing/Jewelry		
Cosmetics		
Manicures/Pedicures		
Toiletries		
Other		
<b>Household</b>		
Cleaning Service		
Maintenance/Repair		
<b>Entertainment</b>		
Cable/DSL		
Movies/Video rental		
Dining Out		
Sports/Hobbies/Clubs		
Vacations/Travel		
Books/Magazines		
Newspaper		
CDs/music download		
Internet		
<b>Debt</b>		
Credit Card 1		
Credit Card 2		
Credit Card 3		
Credit Card 4		
Personal Loan		
401k/403b loans		
Collection account		
Family/Friends		
Other		
<b>Miscellaneous</b>		
Banking/ATM fees		
Laundry		
Pet Care		
Union Dues		
Postage		
Allowance		
Gifts		
Cigarettes/alcohol		
Charitable Contributions		
<b>TOTAL VARIABLE MONTHLY EXPENSES</b>		

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### Net Income

Income	Monthly Average	Revised Monthly Average
Paycheck 1		
Paycheck 2		
Part-time income		
Social Security		
Disability		
Unemployment Benefits		
Bonus		
Overtime		
Government Benefits		
Child Support		
Alimony		
Support from Family/Friends		
Tax refund		
Other		
<b>TOTAL MONTHLY INCOME</b>		

This budget analysis is designed to help you determine if you are living beyond your means (spending more money than you make). If you are spending more money than you make, you are making up the difference by borrowing, either through credit cards or loans. This will make it difficult or impossible to save money in your IDA savings account, and build assets in the future.

To find out what your bottom line is, subtract your **TOTAL Monthly Essential Expenses and TOTAL Monthly Variable Expenses** from your **TOTAL Monthly Income**. If the total is a negative number, you are living beyond your means. Go back to your budget and, using the **Revised Monthly Average** column, find places where you can cut back. Your goal is to have a positive bottom line.

<b>BOTTOM LINE</b>	
Total Income (Pg 10)	
Total Monthly Essential Expenses (Pg 8)	-
Total Monthly Variable Expenses (Pg 9)	-
<b>TOTAL</b>	

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