

INTERFAITH HOUSING SERVICES, INC.
Creating Assets, Savings and Hope (CASH) Program
Kansas Individual Development Account (IDA) Program



APPLICANT INFORMATION

DATE: _____ / _____ / _____

Applicant Name: _____
 First Name Last Name Middle Initial

Phone: _____ - _____ - _____ **Email Address:** _____
 (*required – please indicate an email you check regularly)

Current Address: _____
 Street City State Zip

Mailing Address: _____
 (if different) Street City State Zip

Are you a legal resident of the state of Kansas? Yes No **County of Residence:** _____

Residence Location Type: Rural (under 90,000) Urban (above 90,000) **Housing Type:** Rent Own

Date of Birth: _____ / _____ / _____ **Age:** _____ **Gender:** Male Female

Race/Ethnicity: African American Caucasian Latino/Hispanic Asian/Pacific Islander Native American Other

Marital Status: Single Married Divorced Separated Widowed **Employment Status:** Full-Time Part-Time

Highest Education Level: < High School Diploma High School Diploma Associate's Degree
 (Highest Completed) Bachelor's Degree Master's Degree > Master's Degree

HOUSEHOLD COMPOSITION

Name (First and Last)	Date of Birth	Age	Gender	Relationship to Head of Household
1.				Head of Household
2.				
3.				
4.				
5.				
6.				

* Interfaith Housing Services, Inc., collects and holds your email address in order to send you the information regarding the services you have requested and to maintain contact with you as a program participant. Your email may be used for program newsletters and notifications of upcoming program events. IHS respects your privacy and will not give your email address to any third parties.

HOUSEHOLD INCOME INFORMATION**Is any individual living in the home receiving income from...**

Employment (Before Taxes)?	NO	YES, amount per month: _____
Self-employment?	NO	YES, amount per month: _____
Social Security?	NO	YES, amount per month: _____
Supplemental Security Income (SSI)?	NO	YES, amount per month: _____
Pensions / Annuities / Retirement Funds?	NO	YES, amount per month: _____
Veterans Administration Benefits?	NO	YES, amount per month: _____
Disability / Death Benefits?	NO	YES, amount per month: _____
Life Insurance Dividends?	NO	YES, amount per month: _____
Unemployment Compensation?	NO	YES, amount per month: _____
Workers' Compensation?	NO	YES, amount per month: _____
Severance Pay?	NO	YES, amount per month: _____
Military Pay?	NO	YES, amount per month: _____
Public Assistance (TANF/Food Stamps)?	NO	YES, amount per month: _____
Child Support?	NO	YES, amount per month: _____
Alimony?	NO	YES, amount per month: _____
Lottery Winnings and/or Inheritances?	NO	YES, amount per month: _____
Other Income (not listed above)?	NO	YES, amount per month: _____

TOTAL HOUSEHOLD MONTHLY INCOME_____
(Add monthly income listed above)**HOUSEHOLD ASSET/LIABILITY INFORMATION****Does any individual living in the home have liquid assets (savings accounts, money market accounts, certificates of deposit, safety deposit boxes, trust accounts, savings bonds, stocks and/or securities, etc.)?**

NO YES, total current balance: _____ (assets)

In addition to the current residential property, is there any other real estate owned by anyone in the household?

NO YES, total current value: _____ (assets)

In addition to one household vehicle, are there any other vehicles owned by anyone in the household?

NO YES, total current value: _____ (assets)

Does any individual living in the home have debt (mortgage loans, car loans, student loans, personal loans, payday loans, credit card, medical bills, etc.)?

NO YES, total current balance: _____ (liabilities)

TOTAL HOUSEHOLD ASSETS_____
(Subtract listed assets from listed liabilities)