accompanycapital

Individual Development Account (IDA) Program for Afghan Asylees, Parolees, SIVs CLIENT INTAKE FORM

Cli	ient SSN #			Date
Per	rsonal Information			
1.	A) Name: Mr./Mrs./Ms		B)	Date of birth
2.	Mailing Address			
3.	Phone (w)	(h)		
4.	FaxE-ma	ail		
5.	A) Country of origin B) Dat	e of entry to	the US	C) Date Granted
6.	Ethnic Background (for statistical purpo	ses): [] Afgh	anistan	
7.	Legal Status (Parolee, Asylee, Green caro	d)		
8.	Marital Status: [] Married [] Separated	d []Divorc	ed []Wide	owed [] Never Married
9.	Level of English: [] None [] Little [] (Conversation	al []Profi	cient
10.	Educational level completed: [] 8 years of	or less []9-:	12 years []	13-17 years [] 18 or more
11.	What is your total household monthly gr	oss income?	\$	
Fa	mily Information			
	st list applicant and then all members of y ler of age starting with the oldest.	our househo	ld (all famil	y members who live with you) in
Firs	st Name (Add Last Name Relationship) Age	Sex M/F	Employed? Yes or No	Attending School Yes or No
1		M/F	Y/N	Y/N
2		M/F	Y/N	Y/N
3		M/F	Y/N	Y/N
4		M/F	Y/N	Y/N
5		M/F	Y/N	Y/N
6		M/F	Y/N	Y/N

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Accompany Capital

Income from Employment

List below all jobs held during the past year by you and members of your household. List the present job first.

First Name of Working Person	Employer's Name and Address			Dates Employed		Income	Total Income	
1	From To			Amour	t Past 12 Months		š	
2								
S	rst Name of Employer's Name and Addre				Income	Total Income		
Working Person	Employer s		From	To	Amount		2 Months	
1								
2								
Assets and Liab	<u>ilities:</u>		(Circle	one)				
Do you own a v	ehicles(s)		yes	No		of vehicle(s) ding vehicle Lo	\$ ans(s) \$	
Do you own a h	ome?		Yes	No		of home: Inding mortgage	\$ \$	
Do you own a b	usiness?		Yes	No		of business: ading Loan(s)	\$ \$	
Do you own rest Rental property			Yes	No	Value o Outstan	of property: ding property L	\$ oan: \$	
Do you own stoe A 401k, or other		s?	Yes	No	Value o	f investments:	\$	
Do you have a c	hecking acco	ount?	Yes	No	Amoun	t in account:	\$	
Do you have a s Account (other t)?	Yes	No	Amoun	t in account	\$?	
Are you carrying	g a balance o	on	Yes	No	Amoun	t of balance(s)	\$?	
Credit card(s)? Do you have out Student Loans?	tstanding		Yes	No	Outstan	ding Loans	\$	
Do you have out Medical bills?	tstanding		Yes	No	Outstan	ding balance:	\$	
Do you pay chil And/or alimony			Yes	No	Amoun	t you pay:	\$	
Do you have hea	alth insuranc	e?	Yes	No	Annual	Amount:	\$	

Do you have life insurance? Do you have automobile insurance?	Yes Yes	No No	Annual Amount: Annual Amount	\$ \$
<i>Total Assets</i> : (excluding home/primary rea <i>Minus</i> Total Liabilities :	sidence &	car)		\$ - \$
				=
Net Worth:				\$

Other Income

Are you or any person who lives with you receiving income from other sources? If Yes, fill in information below. [] Yes [] No

First Name	SSI	Other Disability	Welfare	Unemployment
	\$	\$	\$	\$
	P/M	P/M	P/M	P/W
First Name	Pension (etc.)	Savings Assets	Interest Divide	nds Child Support
	\$	\$	\$	\$
	P/M		P/Y	P/M

Savings Goals

Please check one below:

[] RENTAL ASSISTANCE:
Ex:(get a degree, get your own apt, increase your saving, improve your credit)
[] MICROENTERPRISE CAPITALIZATION
Ex: (Uber Driver, TLC Registration, car repairs, maintenance, Insurance, Down Payment)
[] VOCATIONAL TRAINING, RECERTIFICATION, AND FURTHER EDUCATION
Ex:(Chef, Electrician, barber license, HHA, CNA)

Have you or your family members participated in any ORR-funded IDA program?

YES NO

Signature of client_____

Staff person who assisted with intake_____