



**Individual Development Account
IDA Program for Refugees and Asylees
Client Intake Form**

Client SSN # _____

Date _____

Personal Information

1. A) Name: Mr./Mrs./Ms. _____ B) Date of birth _____
2. Mailing Address _____
3. Phone (w) _____ (h) _____
4. Fax _____ E-mail _____
5. A) Country of origin _____ B) Date of entry to the US _____ C) Date Granted _____
6. Ethnic Background (for statistical purposes): _____
7. Legal Status (Parolee, Asylee, Green card): _____
8. Marital Status: Married Separated Divorced Widowed Never Married
9. Level of English: None Little Conversational Proficient
10. Educational level completed: 8 years or less 9-12 years 13-17 years 18 or more
11. What is your total household monthly gross income? \$ _____

Family Information

First list applicant and then all members of your household (all family members who live with you) in order of age starting with the oldest.

First Name (Add Last Name Relationship) Age	Sex M/F	Employed? Yes or No	Attending School Yes or No
1. _____ Applicant _____	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

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/Address	Dates Employed	Monthly Income	Total Income (Past 12 Months)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Assets and Liabilities:

(Circle one)

Do you own a vehicles(s)	Yes	No	Value of vehicle(s)	\$ _____
			Outstanding vehicle loans(s)	\$ _____
Do you own a home?	Yes	No	Value of home:	\$ _____
			Outstanding mortgage	\$ _____
Do you own a business?	Yes	No	Value of business:	\$ _____
			Outstanding loan(s)	\$ _____
Do you own residential Rental property or land?	Yes	No	Value of property:	\$ _____
			Outstanding property loan:	\$ _____
Do you own stocks, bonds, A 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	\$ _____
Are you carrying a balance on Credit card(s)?	Yes	No	Amount of balance(s)	\$ _____
Do you have outstanding Student Loans?	Yes	No	Outstanding loans	\$ _____
Do you have outstanding Medical bills?	Yes	No	Outstanding balance:	\$ _____
Do you pay child support? And/or alimony?	Yes	No	Amount you pay:	\$ _____
Do you have health insurance?	Yes	No	Annual amount:	\$ _____
Do you have life insurance?	Yes	No	Annual amount:	\$ _____
Do you have automobile insurance?	Yes	No	Annual amount	\$ _____

Accompany Capital

Total Assets: (excluding home/primary residence & car) \$ _____
Minus - _____
Total Liabilities: \$ _____
 =====
 =
Net Worth: \$ _____

Other Income

Are you or any person who lives with you receiving income from other sources?

Yes **No**

If yes, fill in the information below.

First Name	SSI	Other Disability	Welfare	Unemployment
	\$	\$	\$	\$
	P/M	P/M	P/M	P/W

First Name	Pension (etc.)	Savings Assets	Interest Dividends	Child Support
	\$	\$	\$	\$
	P/M		P/Y	P/M

Savings Goals

Please check one below:

Microenterprise Capitalization

Ex: inventory, signage, restaurant equipment, TLC registration, car maintenance/repairs

Vocational Training/Recertification

Ex: chef, electrician, barber license, HHA, CNA

Further Education

Ex: associate degree, bachelor's degree, master's degree

Homeownership

Ex: downpayment, closing fees, renovation expenses

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

YES

NO

Signature of client

Staff person who assisted with intake