

**FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA
F.A.I.M. Duluth Application Form (Revised 5/2/2007)**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Alt. Phone: (____) _____

E-mail address: _____ Social Security Number: _____ County: _____

Gender (Circle one): Male Female Date of Birth: _____ Age at time of Enrollment: _____

How would you describe your race and ethnicity? _____

Are you a: US Citizen? Yes No An Eligible Non-Citizen? Yes No

Number of Adults in Household (18 and over): _____ Number of Children in Household (17 and under): _____

How did you hear about FAIM? _____

Do you have **earned** income? Yes No Can you be claimed on anyone else's Federal Income Tax return? Yes No

Monthly gross income of household by source: Other sources of income used to determine 200% of poverty eligibility:

Applicant		Others in household		
Formal Employment:	\$ _____	_____	Alimony per Month:	_____
Self Employment:	\$ _____	_____	Child Support per Month:	_____
Unemployment:	\$ _____	_____	SSI/SSDI per Month:	_____
Pension/Retirement:	\$ _____ \$ _____	_____	Food Stamps per Month:	\$ _____
Veterans Benefits:	\$ _____ \$ _____	_____	Total monthly extra income	\$ _____
Friends or Family:	\$ _____ \$ _____	_____	Total Annual Extra Income	\$ _____
Investment income:	\$ _____ \$ _____	_____		
	\$ _____			
\$ _____ Other household income (Please specify source):			\$ _____	

Total Gross Monthly Income (1 month) \$ _____ **x 12 = Total Gross Annual Income** \$ _____

Please check off the type of proof you will submit to verify your income. You will need to submit one of the following forms of proof:

_____ Three most recent months of pay stubs _____ Previous year's tax return _____ Previous year's W-2 forms

For proof of Government Assistance and income from friends or family you will need to provide additional documentation

_____ Public benefit award letter _____ Notarized letter from family or friend stating dollar amount and time period of support

Assets and Liabilities:

How many vehicles do you own? _____

Vehicle 1 Value \$ _____
 Vehicle 2 Value \$ _____
 Vehicle 3 Value \$ _____
 Home Value \$ _____
 Other Home Value \$ _____
 Business Value \$ _____
 Property Value \$ _____

Vehicle 1 Loan Balance \$ _____
 Vehicle 2 Loan Balance \$ _____
 Vehicle 3 Loan Balance \$ _____
 Mortgage Balance _____
 Other Homes Loan Balance \$ _____
 Business Loan Amount \$ _____
 Property Loan Amount \$ _____

Do you own a principal residence? __ Yes __ No
 Do you own other homes? __ Yes __ No
 Do you own a business? __ Yes __ No
 Do you own other property or land? __ Yes __ No

Do you have retirement accounts? Value: \$ _____
 Do you have a checking account? Balance: \$ _____
 Do you owe money to friends/family? Balance: \$ _____
 Do you have credit cards? Total Balance: \$ _____
 Do you have student loans? Total Balance: \$ _____
 Do you have payday loans? Total Balance: \$ _____

Liabilities

Do you own other investments? Value: \$ _____
 Do you have a savings account? Balance: \$ _____
 Do you have medical bills? Balance: \$ _____
 Do you have a personal loan(s)? Balance: \$ _____
 Do you have other past due bills? Balance: \$ _____

For which asset will you be saving?

- _____ First Home Purchase (I have not owned a home in the past 3 years.)
- _____ Business Capitalization (Starting or building a small business)
- _____ Post-Secondary Education (at a publicly accredited higher education institution)
- _____ Transfer to dependent (Saving for one of above assets for spouse or child)

Will you be ready and able to purchase one of the above assets within 30 months? Yes No

Are you committed to saving at least \$40/month, or \$960 within two years? Yes No

I certify that this information is true to the best of my knowledge:

Applicant Name (Please Print): _____

Applicant Signature: _____

I give permission to Community Action Duluth to get a copy of my credit report.

Applicant Signature: _____

For Housing Asset: If a spouse/partner/co-borrower lives in the home and will co-sign on a loan, please fill out the following:

Name of Spouse/Partner/Co-Borrower (Please Print): _____

SS# of Spouse/Partner/Co-Borrower: _____ Date of Co-Borrower's Birth: _____

Signature giving permission to pull a credit report: _____
 Spouse/Partner/Co-Borrower