Sponsor (Referring Source):_____

Individual Development Accounts
Application for Enrollment

PARTICIPANT INFORMATION:

First Name: _____ Last Name: _____ Social Security Number:____ -____-____

Date Form Completed:_____

Gender: _____ Year of Birth:_____

Race: ☐American Indian/Alaska Native ☐Asian ☐Black or African American
☐Native Hawaiian/Pacific Islander ☐White ☐Other_____

Ethnicity: ☐ Hispanic or Latino ☐Not Hispanic or Latino

Street Address: _____

City: _____ State:_____ Zip:_____

Phone 1: ( ) _____ Phone 2: ( ) _____

What organization referred you to the IDA program? _____

Did you have an existing relationship with this organization prior to the IDA program? Yes ☐ No ☐

Have you been a participant in an IDA program in the past? Yes ☐ No ☐

If yes, who was the sponsoring organization of the program? _____

Information on a Friend or Relative **NOT LIVING WITH YOU** who will know how to contact you:

First name: _____ Last name: _____

Street Address: _____

City: _____ State:_____ Zip:_____ Phone: ( ) _____

INTENDED USE OF IDA:

What savings goal do you intend to have? ☐ Home Ownership ☐ Education ☐ Business

If home ownership, what city and county do you intend to purchase in?_____

If business, what city and county do you intend to start your business in?_____

If education, what degree do you plan on obtaining?_____

What school do you plan on attending?_____

PERSONAL INFORMATION:

Place of Residence: Urban ☐ Rural ☐ Native Language: _____

Marital Status: ☐single ☐ married ☐common law marriage ☐widowed ☐divorced ☐separated

Current employer: _____ Current position: _____

Length of Time at Job:_____City and County currently employed in: _____

Highest level of education completed by participant:
☐ Grade K-5 ☐ 6-8 ☐ 9-12 ☐High School Diploma ☐ GED
☐ Some College ☐ 2-year degree ☐ 4-year degree ☐Attended Graduate school

Employment status of participant:
☐working more than fulltime (40 hours +) ☐full-time (35-40 hours) ☐ part-time (up to 35 hours)
☐working and in school ☐laid off ☐seeking employment ☐homemaker ☐disabled ☐retired

HOUSEHOLD INFORMATION:

What is your ***annual household adjusted gross income*** on your most recent tax return?_____

Do you claim EITC (Earned Income Tax Credit)? Yes ☐ No ☐ Have you ever claimed EITC? Yes ☐ No ☐

How many employed adults (18 years and older) do you consider part of your household:_____

How many unemployed adults (18 years and older) do you consider part of your household:_____

How many children (under 18 yrs) do you consider part of your household:_____

Employment status of spouse (if applicable):
☐working more than fulltime (40 hours +) ☐full-time (35-40 hours) ☐ part-time (up to 35 hours)
☐working and in school ☐laid off ☐seeking employment ☐homemaker ☐disabled ☐retired

Have you ever been a recipient of TANF or AFDC? Yes ☐ No ☐

Are you presently a TANF recipient? Yes ☐ No ☐ If yes, how much per month?_____

Do you currently receive SSI or SSDI? Yes ☐ No ☐ If yes, how much per month?_____

Do you currently receive food stamps? Yes ☐ No ☐ If yes, how much per month?_____

Do you use direct deposit for you paycheck? Yes ☐ No ☐

Do you plan to use direct deposit for your IDA account? Yes ☐ No ☐

MONTHLY GROSS INCOME of participant household by source:

Formal Employment: $	Child Support/Alimony: $
Self-employment: $	Friends or Family: $
Government Assistance *(TANF, Food Stamps, SSI, Social Security, Unemployment Benefits, Veteran's Benefits)*: $	Investment Income: $
Pensions or Retirement Income: $	Other (Please specify): $

ASSETS AND LIABILITIES (if yes is checked, please include the dollar amount):

Do you own a vehicle? Yes ☐ No ☐ If yes, how many? _____

Vehicle value: $_____ Amount still owed: $_____

Vehicle value: $_____ Amount still owed: $_____

Do you own a home? Yes ☐ No ☐

If yes, market value of home: $_____ Amount still owed: $_____

Do you own a business? Yes ☐ No ☐

If yes, value of business: $_____ Amount still owed: $_____

What city and county is your business registered in?_____

Do you own rental property or land? Yes ☐ No ☐

If yes, value of property: $_____ Amount still owed: $_____

Do you own stocks, bonds, 401k, or other investments? Yes ☐ No ☐

If yes, value of investments: $_____

Do you have a checking account? Yes ☐ No ☐

If yes, amount in account: $_____

If no, have you ever had a checking account? Yes ☐ No ☐

Do you have a savings account (other than IDA)? Yes ☐ No ☐

If yes, amount in account: $_____

If no, have you ever had a savings account? Yes ☐ No ☐

Do you owe money to friends/family? Yes ☐ No ☐ If yes, amount owed: $_____

Do you have past due household bills? Yes ☐ No ☐ If yes, amount past due: $_____

Do you have credit card bills? Yes ☐ No ☐ If yes, total amount owed: $_____

Do you have student loans? Yes ☐ No ☐ If yes, total amount owed: $_____

Do you have medical bills? Yes ☐ No ☐ If yes, total amount owed: $_____

ADDITIONAL INFORMATION:

Do you have health insurance? Yes ☐ No ☐

Who provides the insurance? ☐employer ☐medicaid/medicare ☐CHP+ ☐private

Does your spouse have health insurance? Yes ☐ No ☐

Who provides the insurance? ☐employer ☐medicaid/medicare ☐CHP+ ☐private

Do your children have health insurance? Yes ☐ No ☐

Who provides the insurance? ☐employer ☐medicaid/medicare ☐CHP+ ☐private

Do you/your spouse have life insurance? Yes ☐ No ☐

Who provides the insurance? ☐ employer ☐ private

PLEASE REVIEW AND SIGN THE FOLLOWING AGREEMENT:

I, _____ (print name) certify that all of the information provided by me on this form is to the best of my knowledge true and correct and as accurate as possible. I give authorization for the information provided by me on this form to be shared with Mile High United Way and all partnering organizations responsible for administering the Metro Denver area IDA Program. I understand that these organizations will be using this information to perform certain administrative functions such as monitoring periodic account information, tracking counseling and education progress, determining eligibility for matching funds, evaluating the success of the program, and any other functions required in the administration of the IDA program.

Signed: _____ Date: _____

Individual Development Account

Saver's Agreement

Revised: 1/31/2007

This Agreement (the "Agreement") is between MILE HIGH UNITED WAY ("Sponsor") and Customer ("Customer") identified in the signature(s) to this Agreement. This Agreement is not effective until executed by Sponsor; upon execution by Sponsor, this Agreement shall remain in effect until _____(enter appropriate date). At the option of Sponsor, this Agreement may be renewed for additional renewal terms of one (1) year each. This Agreement is the controlling document for the relationship between Sponsor and Customer; any verbal agreements are superseded by this Agreement unless written documentation of any change hereto is executed by Sponsor and submitted to Customer's file. This Agreement may not be modified or amended except by written agreement executed by Sponsor and Customer and submitted to Customer's file.

Conditions of Acceptance into the IDA program

Customer has executed this Agreement with the understanding that Customer must be accepted as a participant of the IDA Program in order to receive benefits of the Plan. Customer hereby acknowledges its receipt of materials outlining the Plan and that the terms and conditions for participation in the Plan may change from time to time.

In order to be accepted as a Plan participant, Customer must complete all required paperwork to determine eligibility and to enroll Customer into the IDA Program. The information provided in these documents must be verified and this agreement must be signed by Sponsor prior to Customer acceptance into the Plan. If Customer's credit check indicates issues that cannot be corrected within the savings period outlined by this agreement, as determined by the Sponsor in its sole discretion, Customer may not be accepted as a Plan participant.

Sponsor will notify Customer and deliver a fully executed copy of this Agreement to Customer when Customer has been accepted as a Plan participant.

Customer understands that he/she is not a recognized participant in the Plan until (i) Customer receives a fully executed copy of this Agreement from Sponsor, (ii) Customer opens his/her Individual Development Account (the "IDA") at an approved financial institution and (iii) the financial institution where Customer opens the account forwards proof of said opening to the Sponsor.

As a participant in the Plan and as a condition to receiving matching funds pursuant to the Plan, Customer certifies, acknowledges and agrees to the following:

1. All of the information provided by Customer in the Application for Enrollment is true and correct. Customer understands that if any of the information is incorrect that Customer may be rejected from participation in the Plan or may be terminated from participation in the Plan. Determination whether to reject or terminate Customer shall be within Sponsor's sole discretion.

2. Within 15 days after receipt of a fully executed copy of this Agreement from Sponsor and/or the Letter of Introduction, Customer must open Customer's IDA at _____ (Financial Institution) with a minimum deposit of $25. All amounts deposited in this account belong to Customer. However, the Custodian of the

account is Mile High United Way and therefore any withdrawals from the account must be approved by and withdrawn by Mile High United Way. Customer is responsible for paying any charges imposed by _____ (Financial Institution) **and if the account is non-custodial**, for complying with all terms of the account agreement with _____ (Financial Institution).

3. Once Customer has opened its IDA, Customer must continue to deposit on a monthly basis at least $25 in Customer's IDA for a minimum of 6 months and a maximum of 24 months. However, in order to reach the savings goal of $1,000 the customer must deposit at least $42 per month. The Customer is eligible to receive up to $4,000 in matching funds pursuant to the Plan. **If Customer fails to make three (3) deposits within a calendar year, Customer will be automatically terminated from the Plan on the fourth missed deposit and will not be eligible to receive matching funds pursuant to the Plan.** If Customer is terminated from the Plan, Customer may apply to Sponsor for reinstatement into the Plan no earlier than ninety (90) days after termination from the Plan. Customer's reinstatement into the Plan shall be subject to the availability of space in the Plan and Customer's compliance with all other Plan conditions, both of which shall be determined by Sponsor. Sponsor shall notify Customer in writing if Customer has been reinstated into the Plan.

4. Customer must attend an orientation session to determine Customer's eligibility to participate in the Plan. If Customer is ineligible to participate in the Plan, this Agreement shall terminate.

5. Customer is not eligible to request any withdrawals from the account prior to participating in the program for at least six (6) months. Withdrawals include both matched and unmatched withdrawals. If participant receives an unmatched withdrawal within the first six (6) months of participating in the program the customer will be exited from the program.

6. Amounts saved over $1,000 cannot be matched. Section 12 of this Agreement sets forth certain limitations on the availability of such matching funds.

7. Customer must begin an approved financial management course in order to open an IDA account, and complete the course to receive matching funds pursuant to the Plan. Customer agrees to forward a Certificate of Completion of above course to the Case Manager of Plan to verify compliance with this condition.

8. Customer agrees that invoices submitted to Mile High United Way for payment to third party vendors will be covered using Customer funds from the IDA account and any available matching funds. Any invoices that cannot be covered under the IDA program for any reason are the ultimate responsibility of the customer.

9. Customer must return any refunds from return of items or rebates immediately to Mile High United Way. Customer acknowledges that any portion of the payment paid with matching funds cannot be claimed as an expense for tax purposes.

10. Customer may make one emergency withdrawal from Customer's IDA in any twelve (12) month period without resulting in termination from the Plan. If Customer makes more than one emergency withdrawal per twelve (12) month period, Customer will be automatically terminated from the Plan. Customer must also reimburse the IDA the amount of the emergency withdrawal within twelve

Page Two Initial here:_____

(12) months from time of withdrawal or will be automatically terminated from the Plan.

11. Customer must purchase a home or start a business in Denver or live or work in Denver to save for post-secondary education to receive matching funds pursuant to the Plan.

12. Notwithstanding any other provision of this Agreement to the contrary, Customer, by execution hereof, acknowledges and agrees that Sponsor is not making any warranty or representation that Customer will receive a certain amount of matching funds pursuant to the Plan. Customer also acknowledges and understands that the availability of matching funds to be distributed pursuant to the Plan and the eligibility requirements for such funds may change over the period of time during which Customer will be participating in the Plan. Such changes may include, but shall not be limited to the following: (i) refusal to release funds by a grantor; (ii) commitment of Plan funds by other partners in the Plan; and (iii) changes to funding requirements during Customer's participation in the Plan. As a result of any such change, Customer's eligibility to receive such funds at any given time may be limited (which limitation could mean that Customer will not be eligible to receive any such matching funds).

13. In the event that Customer becomes ineligible to receive matching funds (in whole or in part) as a result of a change in availability of such funds described in Section 12, Customer shall be entitled to terminate this Agreement and Customer's participation in the Plan or to move to a waiting list pending availability of matching funds pursuant to the Plan for which Customer shall be eligible. If Customer is unable to come off the waiting list within sixty (60) days after it becomes ineligible for matching funds, either Customer or Sponsor may elect to terminate this Agreement. If Customer elects to terminate this Agreement pursuant to Section 12 or either Customer or Sponsor elects to terminate this Agreement pursuant to this Section 13, Customer may seek reinstatement into the Plan at any time, provided that Customer satisfies all other criteria for participation in the Plan which are in effect at the time of Customer's application for reinstatement.

14. Customer has a right to file a grievance against Sponsor in order to meaningfully communicate problems, dissatisfaction, and concerns about unfair treatment. In order to take such action, the Customer must deliver a written complaint to:

Barclay Jones, Vice President
Assets for Family Success
Mile High United Way
2505 18th Street
Denver, CO 80211

The Vice President shall respond within ten working days of receiving the complaint. If the issue has not been resolved within the next 30 days, the participant may submit the complaint to:

Mike Durkin, President
Mile High United Way
2505 18th Street
Denver, CO 80211

Page Three Initial here:_____

For We Mean Business Savers ONLY

15. Matching funds will not be paid to the Customer and are not the property of Customer. Subject to the provisions of Section 12, matching funds will be paid to the appropriate vendor(s) for Customer's business, provided Customer has met all conditions of this Agreement and the Plan, including but not limited to all eligibility requirements for matching funds.

16. Customer agrees to attend a Small Business Development Course to be taught by an approved Service Provider. Receipt of matching funds is dependent upon successful completion of this course along with all other requirements of the Plan. Customer agrees to forward a Certificate of Completion for Micro Enterprise Training to the Case Manager of Plan to verify compliance with this condition.

17. Customer must complete a Business Development Plan, including the planned asset purchase in order to receive matching funds pursuant to the Plan. The planned asset purchase must be approved by Mile High United Way prior to the disbursal of any matching funds pursuant to the Plan.

For Step Up (Education) Savers ONLY

18. Matching funds will not be paid to Customer and are not the property of Customer. Subject to the provisions of Section 12, matching funds will be paid to an approved, eligible academic institution attended by Customer at the time tuition is due from Customer provided Customer has met all the conditions of the Agreement.

19. Customer agrees to attend at least one counseling session with an Academic Counselor at the academic institution Customer chooses to attend in order to receive matching funds pursuant to the Plan. Customer agrees to forward a Certificate of Completion of above counseling or course to the Case Manager to verify compliance with the condition.

20. Customer understands that all purchases made at participating university bookstores under the Mile High United Way account will be paid for directly by Mile High United Way using Customer funds from the IDA account and any matching funds available. By purchasing the books at the bookstore under the Mile High United Way account, the customer is signing their consent for those funds to be removed from their account to access the match and pay for the purchases.

21. Customer assumes ultimate responsibility for any purchases made at the bookstore that cannot be covered under the IDA program.

For First Time Home Savers ONLY

22. Matching funds will not be paid to Customer and are not the property of Customer. Subject to the provisions of Section 12, matching funds will be paid to the Title Company handling the closing for Customer's home purchase at the time of Customer's home purchase provided Customer has met all the conditions of this Agreement and the Plan, including but not limited to all eligibility requirements for matching funds.

Page Four Initial here:_____

23. Customer understands that repair and maintenance of good credit is a requirement to receive matching funds under the Plan. Once Customer has been pre-qualified by Sponsor for credit, Customer must maintain good credit while a participant in the Plan in order to qualify for a mortgage and to be entitled to receive the matching funds pursuant to the Plan.

24. Customer is required to attend a Homeownership Education Workshop taught by an instructor certified by the Colorado Housing & Finance Authority. Attending the Homeownership Workshop will entitle Customer to receive a HUD certification entitling him/her to receive favorable mortgage interest rates.

25. Customer must be a first time homebuyer in accordance with HUD regulations.

26. Customer may receive up to $ **4,000** in matching funds pursuant to the Plan, depending on the location of the home purchased, the sources of matching funds available, and the amount Customer has saved. Amounts saved over $1,000 cannot be matched. Section 12 of this Agreement sets forth certain limitations on the availability of such matching funds.

27. Customer must apply all funds of the Customer's Savings in the IDA towards the down payment and closing costs on the purchase of a home to be used by Customer as a principal residence as a condition to receiving matching funds from the Plan. (If Customer has less than the total amount saved to be matched, all of Customer's savings in the IDA must be applied toward a home purchase.)

28. Provided that this Agreement is renewed for all intervening years, Customer must purchase a home no later than 30 months from the date of Sponsor's execution of this Agreement in order to be eligible for matching funds under the Plan

29. INDICATE IDA USE: ☐ Home Ownership ☐ Education ☐ Business

CUSTOMER:

_____
(print name)

_____ Date:_____
(sign here)

SPONSOR:
MILE HIGH UNITED WAY

_____ Date: _____
Authorized Signature

Fax To:	Date:	From:	Pages:

Beneficiary Designation Form

Participant Name:		Social Security Number - -	
Street Address:	City:	State:	Zip Code:
Financial Institution Holding IDA:	Address of Financial Institution:		

Primary Beneficiary Information

Name:		Social Security Number - -	
Street Address:	City:	State:	Zip Code:
Phone Number:	Relationship to Participant:		

Secondary Beneficiary Information

Name:		Social Security Number - -	
Street Address:	City:	State:	Zip Code:
Phone Number:	Relationship to Participant:		

Applicant Certification

In the event of my death, I designate the persons listed above as beneficiaries to receive all of my funds in my Individual Development Account (IDA) and I authorize Mile High United Way and the financial Institution holding my IDA to initiate and completely transfer 100% of my funds to the sole discretion of my primary beneficiary. In the event that my primary beneficiary is unable to receive the funds, those funds will be received by my secondary beneficiary.

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to Mile High United Way of a change in my beneficiary designation.

Participant Signature:	Date:

Fax To:	Date:	From:	Pages:

Participant Handbook Agreement

I, verify that I have received and read the IDA program Participant Handbook. I understand the information provided in the packet and I understand the program's procedures and regulations. I understand that I will be exited from the program if I do not comply with the rules and regulations of the IDA program. Possible reasons for **termination** from the program include, but are not limited to:

- Falsifying information
- Attempting to withdraw money from the Individual Development Account.
- Not repaying an emergency withdrawal within twelve (12) months from time of withdrawal.
- Having more than three (3) missed deposits in a twelve (12) month period.
- Reaching the end of the savings period without making a successful purchase.
- Making a withdrawal in the first six (6) months of the savings period.
- 2/3 Rule regarding intended use changes

_____
Print Name

_____ _____
Signature Date

EXHIBIT C

VERIFICATION AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____I am a United States citizen, or

_____I am a Permanent Resident of the United States, or

_____I am an alien lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that State law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____ _____

Signature DATE

_____

[Print] Name of Applicant