

Please include a copy of your Federal Income Tax form or copies of your last 3 months paycheck verifications. Also, questions requiring a dollar amount must be complete. If the answer to the question is “0”, enter 0 in the blank. If your application isn’t complete or signed, it may be returned to you and/or additional wage information may be required. Please send or bring your forms to:

Anoka County Community Action Program
1201 89th Avenue N.E.
Blaine, MN 55434
Attn: Teresa or Janet

FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA

F.A.I.M. New Participant Application Form Revised: 06/09/09

OFFICE USE ONLY Agency Name _____
 Bank Account Number _____ Date of 1st Deposit _____ Asset _____
 Write the Appropriate Funder Category and Grant Number _____

Prefix (Mr., Mrs., Ms., Miss): _____ First Name: _____ Middle Name: _____
 Last Name: _____ Suffix (I, II, III, IV, JR., SR.): _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____ County: _____
 Home Phone:(____) _____ Work Phone:(____) _____ Alternate Phone:(____) _____
 E-mail address: _____ Social Security Number: _____
 Number of Adults in Household (18 and over): _____ Number of Children in Household (17 and under): _____

Household Members (All individuals who share use of a dwelling unit as primary quarters for living and eating.)

Prefix	First Name	Middle Initial	Last Name	Suffix	Date of Birth	Relation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please provide information of contacts that would definitely know where you live, even if you move: _____ (Home/Work)

Last Name	First Name	Relation	Email	Area Code	Phone Number	Ext.	Type	or cell)
_____	_____	_____	_____	(____)	_____	_____	_____	_____
_____	_____	_____	_____	(____)	_____	_____	_____	_____
_____	_____	_____	_____	(____)	_____	_____	_____	_____

Gender: Male _____ Female _____ **Date of Birth:** _____ Age at time of Enrollment: _____

Ethnicity check one of the following: Latino or Hispanic _____ Not Latino or Hispanic _____

Race check one that best applies to you: Black or African American _____ Asian _____ Pacific Islander/Native Hawaiian _____

Caucasian/White _____ American Indian or Alaska Native _____ Asian American _____

Other (specify) _____

Refugee _____ Immigrant _____ Country of Origin _____

Marital Status:
_____ Single, never married
_____ Married
_____ Separated
_____ Divorced
_____ Widowed
_____ Other (Specify)

Highest Level Of Education:
_____ Grade K-5
_____ Grade 6-8
_____ Grade 9-11
_____ High School Diploma
_____ Vocational School
_____ Some College
_____ AA Degree (2 year degree)
_____ BA/BS (4 year degree)
_____ Some graduate school
_____ MA/MS Graduate Degree
_____ GED

Citizen: _____ Yes _____ No
Eligible Non-Citizen: _____ Yes _____ No
Disability: _____ Yes _____ No

Residence:
_____ Major Urban Area (Twin Cities Metro Area)
_____ Minor Urban Area (population less than 1,000,000)
_____ Remote Area
_____ Rural Area (population less than 2,500)

Have you ever been a recipient of TANF (MFIP) or AFDC? _____ Yes _____ No
Are you presently TANF (MFIP) recipient? _____ Yes _____ No
Do you currently receive SSI or SSDI? _____ Yes _____ No Amount \$ _____
Do you currently receive food stamps? _____ Yes _____ No Amount \$ _____

	Federal Earned Income Tax Credit	Minnesota Working Family Tax Credit
Are you eligible to receive this credit this year?	_____ Yes _____ No	_____ Yes _____ No
Have you ever been eligible for this credit?	_____ Yes _____ No	_____ Yes _____ No
Are you currently receiving this credit?	_____ Yes _____ No	_____ Yes _____ No

Do you currently have Direct Deposit for your pay checks? _____ Yes _____ No
Will you use Direct Deposit for your FAIM account? _____ Yes _____ No
Do you have health insurance? _____ Yes _____ No
Do you have life insurance? _____ Yes _____ No
Did you have an existing relationship with the organization prior to enrollment in the FAIM program? _____ Yes _____ No
Were you referred to the FAIM program by another organization? _____ Yes _____ No

Referring Source: _____

Employment status:

- Self-Employed full-time
- Employed full-time (35-40 hours)
- Employed part-time (up to 35 hours)
- Working and in School
- Currently in school or job training program
- Self-Employed part-time
- Unemployed
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Monthly gross earned income of household by source: (must have Earned Income for program enrollment)

You	Other adults in household	
\$ _____	\$ _____	Formal Employment Employer(s): _____
\$ _____	\$ _____	Self Employment (selling things you make, doing laundry, sewing, child care, etc.)
\$ _____	\$ _____	Unemployment benefits
\$ _____	\$ _____	Pensions or retirement income
\$ _____	\$ _____	Veterans benefits
\$ _____	\$ _____	Friends or family
\$ _____	\$ _____	Investment income
\$ _____	Other income (Please specify: _____)	
\$ _____	Total Monthly Income (1 month)	
\$ _____	Total Annual Income (12 months)	

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 previous 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 of support, time period of support

Other sources of income used to determine 200% of poverty eligibility:

\$ _____ Alimony per month

\$ _____ Child Support per month

\$ _____ SSI/SSDI per month

\$ _____ **Total monthly extra income**

\$ _____ **Total Annual Extra Income**

Assets and Liabilities:

How many vehicles do you own? _____

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

Assets

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

Liabilities

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 stocks or bonds? Yes No
 Do you have a 401(K), IRA, or other investments? Yes No
 Do you have a checking account? Yes No
 Do you have a savings account? Yes No
 (Other than FAIM)
 Do you owe money to friends/family? Yes No
 Do you have past due household bills? Yes No
 Do you have credit card/cards? Yes No
 Do you have a personal loan? Yes No
 Do you have student loans? Yes No
 Do you have medical bills? Yes No
 Do you have a payday loan? Yes No

\$ _____ Stocks & Bonds Value
 \$ _____ Investment Value
 \$ _____ Account Balance Where? _____
 \$ _____ Account Balance Where? _____
 \$ _____ Amount Owed Who? _____
 \$ _____ Amount Past due
 \$ _____ Credit Card Balances How many? _____
 \$ _____ Personal Loan Balance
 \$ _____ Student Loan Balance (report even if not paying on currently)
 \$ _____ Medical Bills Amount Due
 \$ _____ Payday Loan Balance Where? _____

Monthly Mortgage or Rent (include escrow payment for taxes and insurance) \$ _____
 Monthly Auto or Other Installment Loan Payments (Student Loans, Personal Loans) \$ _____
 Minimum Monthly Credit Card Payments \$ _____
 Minimum Line of Credit Payments \$ _____
 Monthly Alimony and Child Support Payments \$ _____
 Monthly Tax and Legal Assessments \$ _____
 Utilities Payments (electricity\$ _____ gas\$ _____ water\$ _____ trash\$ _____) \$ _____
 Household Items (food, laundry, transportation) \$ _____
 Other Fixed Monthly Payments (Specify) _____ \$ _____

OFFICE USE ONLY	Total Gross Monthly Income \$ _____	Monthly Debt Payments \$ _____
	Total Gross Yearly Income \$ _____	Debt-to-Income Ratio _____ %
	Area Median Income \$ _____	Verified by: _____
Credit Score _____ Source: Equifax TransUnion Experion Tri-Merge		



ACCAP Client Intake

*To Complete Household Section, Use Key Reference**

<u>Marital Status</u>	<u>Education</u>	<u>Health Insurance</u>	<u>Residency Status</u>	<u>Relation HOH</u>	<u>Housing</u>	<u>Family Type</u>
Single	No Schooling	Medicaid	Citizen	Self	Own	Single Person
Married	(Grade level, i.e. 5 th grade)	Medicare]	Permanent Resident	Spouse	Rent	Single Parent/Female
Separated	High School Diploma	Private	Temporary Resident	Partner	At Risk Homeless	Single Parent/Male
Widowed	GED	Self Insured		Child	Homeless	Two Parent Household
Divorced	Post Secondary	None		Stepchild	Shelter	Two Adults/No kids
Living Together	4 years college	Unknown		Other	Subsidized	Other
Never Married	Graduate school	HMO			Other	
Unknown						

SSN _____ First Name _____ Middle Name _____ Last Name _____ Suffix _____ Date of Birth _____

Street Address _____ City, State, Zip Code _____ County _____

Main Phone Number _____ Phone Type _____ Other Phone Number _____ Phone Type _____

Email _____ Contact Preference _____ **Staff Use Only**

Head of Household (HOH)					
Gender	Male / Female	Marital Status *	_____	Health Insurance *	_____
Mother's Name	_____	Education *	_____	1 st Language	_____
Disability	Yes / No	Hispanic/Latino	Yes / No	2 nd Language	_____
Veteran Status	Yes / No				
Race (check all that apply)					
White	_____	Black/African-American	_____	US Indian/Alaska Native	_____
Asian	_____	Native Hawaiian/Pacific Islander	_____	Other	_____
Residency Status *	_____	Housing *	_____	Family Type *	_____

<i>Additional Family Household Members</i>					
SSN	_____	Gender	Male / Female	Education *	_____
First Name	_____	Relation HOH *	_____	Hispanic/Latino	Yes / No
Middle Name	_____	Mother's Name	_____	Health Insurance *	_____
Last Name	_____	Disability	Yes / No	1 st Language	_____
Suffix	_____	Veteran Status	Yes / No	2 nd Language	_____
Date of Birth	_____	Marital Status *	_____	Residency Status *	_____
Race (check all that apply)					
White	_____	Black/African-American	_____	US Indian/Alaska Native	_____
Asian	_____	Native Hawaiian/Pacific Islander	_____	Other	_____

<i>Additional Family Household Members</i>					
SSN	_____	Gender	Male / Female	Education *	_____
First Name	_____	Relation HOH *	_____	Hispanic/Latino	Yes / No
Middle Name	_____	Mother's Name	_____	Health Insurance *	_____
Last Name	_____	Disability	Yes / No	1 st Language	_____
Suffix	_____	Veteran Status	Yes / No	2 nd Language	_____
Date of Birth	_____	Marital Status *	_____	Residency Status *	_____
Race (check all that apply)					
White	_____	Black/African-American	_____	US Indian/Alaska Native	_____
Asian	_____	Native Hawaiian/Pacific Islander	_____	Other	_____

-Please Complete Back Side-

Additional Family Household Members

SSN _____	Gender _____	Male / Female _____	Education * _____
First Name _____	Relation HOH * _____	_____	Hispanic/Latino _____ Yes / No _____
Middle Name _____	Mother's Name _____	_____	Health Insurance * _____
Last Name _____	Disability _____	Yes / No _____	1 st Language _____
Suffix _____	Veteran Status _____	Yes / No _____	2 nd Language _____
Date of Birth _____	Marital Status * _____	_____	Residency Status * _____

Race (check all that apply)

White _____	Black/African-American _____	US Indian/Alaska Native _____
Asian _____	Native Hawaiian/Pacific Islander _____	Other _____

Additional Family Household Members

SSN _____	Gender _____	Male / Female _____	Education * _____
First Name _____	Relation HOH * _____	_____	Hispanic/Latino _____ Yes / No _____
Middle Name _____	Mother's Name _____	_____	Health Insurance * _____
Last Name _____	Disability _____	Yes / No _____	1 st Language _____
Suffix _____	Veteran Status _____	Yes / No _____	2 nd Language _____
Date of Birth _____	Marital Status * _____	_____	Residency Status * _____

Race (check all that apply)

White _____	Black/African-American _____	US Indian/Alaska Native _____
Asian _____	Native Hawaiian/Pacific Islander _____	Other _____

Additional Family Household Members

SSN _____	Gender _____	Male / Female _____	Education * _____
First Name _____	Relation HOH * _____	_____	Hispanic/Latino _____ Yes / No _____
Middle Name _____	Mother's Name _____	_____	Health Insurance * _____
Last Name _____	Disability _____	Yes / No _____	1 st Language _____
Suffix _____	Veteran Status _____	Yes / No _____	2 nd Language _____
Date of Birth _____	Marital Status * _____	_____	Residency Status * _____

Race (check all that apply)

White _____	Black/African-American _____	US Indian/Alaska Native _____
Asian _____	Native Hawaiian/Pacific Islander _____	Other _____

To Complete Income Section, Use Key Reference*

<u>Income Source</u>		<u>Pay Interval</u>	<u>Documentation</u>	
Supplemental Security Insurance (SSI)	Veteran's Health Care	Weekly	Pay Stub	Self Employment Docs
Social Security Disability (SSDI)	Medicaid	Every other week	Utility Allowance	Pension Letter/Stub
Social Security	Food Stamps	Twice a month	Social Security Forms	Unemployment Forms
General Public Assistance	Other	Monthly	Child Support Forms	Self Declaration
TANF – MFIP	No Financial Resources	Yearly	SSI Forms	Employer Printout/Letter
State Children's Health Insurance Program	General Relief		TANF Forms	
Veteran's Benefits	State Disability Insurance		UI Forms	
Employment Income	VA Pension		W-2	
Unemployment	Private Disability Insurance		SSDI Forms	
Insurance (UI)	Other Pension		Workman's Comp	

Income Section

Family Member _____	Family Member _____	Family Member _____	Family Member _____
Income Source * _____	Income Source * _____	Income Source * _____	Income Source * _____
Income _____	Income _____	Income _____	Income _____
Pay Interval * _____	Pay Interval * _____	Pay Interval * _____	Pay Interval * _____
Documentation * _____	Documentation * _____	Documentation * _____	Documentation * _____

-Use additional paper for more family members or sources of income-

I authorize Anoka County Community Action Program, Inc., to share this information with state and local welfare agencies: community based organizations: local and state, public and private human services agencies: the Minnesota Department of Jobs and Training: The United States Department of Labor: and the United States Department of Health and Human Services: and State and Local education programs.

Signature: _____ Date _____