

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		

