



FOR OFFICE USE ONLY

Date received:
Program Staff:

Please note: For the fastest response, we encourage you to apply online: <https://www.mercycorpsnw.org/business/ida/>

MCNW Oregon IDA Application Form

Please fill out this application completely to the best of your ability. Refer to the checklist, on the last page, for required documents to be submitted with your IDA application. Incomplete applications cannot be considered. If you need assistance with filling out this form, please contact Olga Johnson at (email): ojohnson@mercycorpsnw.org or phone: (503) 896-5078

Date _____

Applicant Name: _____

Residence Address: _____

City: _____ County _____ State: _____ Zip code: _____

Home Phone #: _____ Mobile/Alternate Phone #: _____

E-Mail Address: _____ Date of birth: _____

In the past year have you completed Business Foundations (I or II) course, the Write Your Business Plan class, or the equivalent (around 18 hours of education focusing on developing your own business) from a different organization? Or, have you taken an Understand Your Credit class at MCNW? **Yes No**

List the name of the class and the date it was taken? _____

Have you applied to the MCNW IDA Program before? If YES when? _____

Please list all household members below. (“Child” is defined as being under 18 years old.) If you need to attach additional names, just attach them on a separate document to submit with this application.

Name	Adult	Child	DOB	Relationship	Income/mo
1 Yourself (first name _____)	X	-----		Self	\$
2					\$
3					\$
4					\$
5					\$
6 Total					\$
					\$

Calculating the Monthly Gross Income of Your Household

Please write down the monthly income received from each source. Try to be as accurate as possible.

Household Income per Month

YOU		OTHERS IN THE HOUSEHOLD	
YOUR monthly gross salary or wages	\$	Others' monthly gross salary or wages	\$
Self-employment Income	\$	Self-employment Income	\$
Investment income	\$	Investment income	\$
Child Support/alimony	\$	Child Support/alimony	\$
General Assistance (i.e. food stamps, TANF)	\$	General Assistance (i.e. food stamps, TANF)	\$
SSI or SSD (Social Security Benefits)	\$	SSI or SSD (Social Security Benefits)	\$
Unemployment Compensation	\$	Unemployment Compensation	\$
Retirement income (Pension/Annuities/IRAs)	\$	Retirement income (Pension/Annuities/IRAs)	\$
Dependent benefits	\$	Dependent benefits	\$
Other income (specify: _____)	\$	Other income (specify: _____)	\$
Other income (specify: _____)	\$	Other income (specify: _____)	\$
A. Your Total Income	\$	B. Other's Total Income	\$
TOTAL INCOME (A. Your Total + B. Others Total Income)		\$	

Calculating Household Net Worth

Please fill in the chart below showing what your household owns (assets) and what your household owes (liabilities).

Assets are things you own.			Assets (+)	Liabilities are things you owe.			Liabilities (-)
Vehicle 1 Year:	Vehicle 2: Year:		\$	Vehicle 1: Total debt still outstanding as of current date:	Vehicle 2: Total debt still outstanding as of current date		
Make:	Make:			\$	\$		
Model:	Model:						
Mileage :	Mileage: \$						
	Total					Total 1	\$
Home 1: \$	Home 2: \$		\$	Mortgage 1: \$	Mortgage 2: \$		
	Total					Total 2	\$
Cash			\$	Unpaid income/property taxes			\$
Checking Accounts			\$	Unpaid child support			\$
Certificate of Deposits (CDs)			\$	Credit Cards (MasterCard, VISA, AMEX)			\$
Savings Accounts			\$	Store Credit			\$
Children's Saving/CDs			\$	Personal line of credit			\$
Business bank account balance			\$	Medical Debts			\$
Business Asset/Inventory Amount			\$	Personal Debts (family, friends)			\$
Retirement (401k/IRA/etc.)			\$	Student Loans			\$
Non-retirement Stocks/Bonds			\$	Business Debts			\$
Other assets			\$	Other liabilities			\$
Subtotal			\$	Subtotal			\$
Minus Vehicle 1			\$	Minus Vehicle 1			\$
Minus Home 1			\$	Minus Home 1			\$
Total Assets			\$	Total Liabilities			\$

Net worth (Total Assets minus Total Liabilities) = \$ _____

How did you first hear about the IDA program (circle one)?

Friend IDA program participant Mercy Corps staff Internet News media
A flyer or brochure Referred by _____ agency Other (please specify) _____

Are you or a family member an employee or volunteer at Mercy Corps Northwest? **Yes** **No**

What do you plan to do with your OIDA account? Start a business Expand my current business

Are you currently using any other services at Mercy Corps? Yes No

If yes, please identify the service(s)

Have you or any member of your household ever participated in an Individual Development Account Program?

Yes No

If yes, please provide the name of the organization and when it was completed (NOTE: by law, an individual can only hold one IDA at a time): _____

Use or goal of the IDA program:

Amount of match amount received: \$

Additional Information (Optional)--*Please note: At Mercy Corps NW we encourage individuals of all backgrounds to apply for our programs but particularly welcome people from traditionally underserved/undercapitalized populations: those who identify as women, minorities, families, those transitioning from (or currently experiencing) incarceration, and the homeless/housing insecure.*

Gender: _____

Are you currently homeless or experiencing housing instability? _____

Race: _____

Ethnicity: _____

Have you ever been incarcerated? : _____

Short Business Plan. *Please fill this section out in detail with complete sentences. Feel free to attach additional sheets to better explain your business or business idea or your personal statement.*

1. Briefly describe your business. What products or services will you sell? If you are just starting out, what sort of research/planning have you already done?

2. What is your experience with this product or service?

3. Do you have previous business experience? What amount of mentorship do you feel you need to achieve your business goals?

4. What other resources have you contacted or used for help with your business?

5. Personal statement: Please tell us, briefly, about yourself. Why is participation in the Mercy Corps Northwest IDA program important to you? What challenges have you faced as an entrepreneur (financial, personal, educational) that you think will be aided by participation?

For those who are not receiving any of those forms of public assistance, your application must include:

- 1) Tax Returns for past year (if you have filed) INITIALS _____
If they are not included, why?

- 2) Verification of income earned from work for the past two months. NOTE: this should be for **all** members of the household and all forms of income received. INITIALS _____

Please circle the type(s) of income verification you are submitting:

- 1) 2 months paystubs
- 2) 2-month profit and loss statement if you have income from self-employment. A profit and loss sheet should show all of your business expenses, which are then subtracted from your gross sales to show your profit. It doesn't have to be fancy, but it should allow us to understand how much you are bringing home from your self-employment.
- 3) Letter of employment--if you do not receive pay stubs or are working "under the table"--that includes the following information:
 - your name
 - hours worked over the last two months/pay rate
 - Your Signature, to certify the statement is correct

- 3) Detailed bank statements (personal and business) for each member of the household for the most recent month. Statements must show the name(S) of the account holder and account numbers
INITIALS _____

- 4) Copy of Oregon ID INITIALS _____

- 5) Proof of attendance of Business Foundations class (or equivalent) INITIALS _____

- 6) \$50 Application fee INITIALS _____

- 7) **Optional:** An explanation of any special circumstances to be considered

The income and net worth information I have provided in this application is current, complete, and correct to the best of my knowledge. I understand that any intentional misrepresentation may result in my becoming ineligible to continue in the program.

(Applicant's signature)

(Date)

Return to:

Mercy Corps Northwest
Attn: Olga Johnson
43 SW Naito Parkway
Portland, OR 97204

Email: ojohnson@mercycorpsnw.org Phone: (503) 896-5078 Fax: (503) 896-507

