



FOR OFFICE USE ONLY

Date received:

Program staff:

**Please note:** To apply online please visit our webpage at <https://www.mercycorpsnw.org/business/loans/wallawalla-ida>

## MCNW Washington IDA Application

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 application. Incomplete applications cannot be considered. If you need assistance, please contact Edwin A. Rios at (email): [erios@mercyorg.org](mailto:erios@mercyorg.org) or phone: (206) 939-2590

<b>Contact Information</b>	
Date: _____	
Applicant Name: _____	
Residence Address: _____	
City: _____	County: _____ State: _____ Zip code: _____
Home Phone #: _____	Mobile/Alternate Phone #: _____
E-Mail Address: _____	Date of birth: _____
Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN): _____	
<b><i>Required to open your custodial savings account. Your application will not be accepted without this number.</i></b>	

Please list all household members below. (“Child” is defined as being under 18 years old.)

Name	Adult	Child	DOB	Relationship	Income/monthly
1 Yourself (first name _____)	X	-----		Self	\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
<b>Total</b>				<b>Total</b>	\$



## 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	Vehicle 2			Vehicle 1:	Vehicle 2:		
Year:	Year:			Total debt outstanding as of date:	Total debt outstanding as of date:		
Make:	Make:			\$	\$		
Model:	Model:						
Mileage:	Mileage:						
\$	\$	<b>Total 1</b>	\$			<b>Total 1</b>	\$
Home 1:	Home 2:			Mortgage 1:	Mortgage 2:		
\$	\$	<b>Total 2</b>	\$	\$	\$	<b>Total 2</b>	\$
Cash			\$	Unpaid income/property taxes			\$
Checking accounts			\$	Unpaid child support			\$
Certificate of deposits (CDs)			\$	Credit cards (MasterCard, VISA, etc.)			\$
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			\$
<b>Subtotal</b>			\$				\$
Minus vehicle 1			\$				\$
Minus home 1			\$				\$
<b>Total Assets</b>			\$	<b>Total Liabilities</b>			\$

**Net worth** (Total Assets minus Total Liabilities) = \$ \_\_\_\_\_

Have you ever been registered on the ChexSystems®? **Yes** **No**

Do you use direct deposits for your paychecks? **Yes** **No**

**How did you first hear about the Asset Builder 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 IDA account?**    Start a business    Expand my current business

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?

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

If yes, please identify the service(s) \_\_\_\_\_

Are you interested in applying for a loan through Mercy Corps Northwest's microenterprise loan program? **Yes** **No**

Have you or a member of your household participated in an Individual Development Account Program? **Yes** **No**

If yes, please provide the name of the organization: \_\_\_\_\_

Use or goal of the IDA program: \_\_\_\_\_

Amount of match amount received: \$ \_\_\_\_\_

**Narrative.** *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 type of mentoring, advising, and training 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, and educational) that you think will be aided by participation?

**USE OF FUNDS**

The Mercy Corps NW IDA match savings program operates on an 8:1 match ratio. This means that for every dollar you save, you will be matched with \$8 in grant money. The savings goal for all participants is \$500, matched with \$4,000 in grant money, for a total of \$4,500. The length of time you save and participate in the program is determined by both your budget (how much you can afford to save) as well as how much time you need to be ready to launch your business plans. The minimum savings period to fulfill the \$500 in savings required is 6 months.

After you meet the program requirements of 1) reaching your savings goal, 2) attending the required educational hours, 3) writing your business plan, 4) registering your business with the state and 5) obtaining an EIN number for your business, you will receive your grant money! Please describe below how you anticipate using your \$4500 to either start or grow your business. (We understand that this may change over time and we will work with you to finalize your purchase list before you receive your grant).

<b>Proposed use of IDA funds</b>	
<b>Description</b>	<b>Cost</b>

**DOCUMENTS CHECKLIST:** Please submit copies (no originals) of the following documents with your application.

- Identification:** Copy of Washington ID for the applicant
- Profit & Loss Statement:** Total sales and expenses for the business so far this year
- Personal Tax Return:** Last year (if you have filed) for all members of the household
- Business Tax Return:** Last year (if you have filed) for all members of the household
- Paystubs:** Last two (2) months of employment for all members of the household
- Personal Bank Statements:** Most recent two (2) months for all members of the household
- Business Bank Statements:** Most recent two (2) months for all members of the household
- Personal Statement (Optional):** An explanation of any special circumstances to be considered

**I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation, false or misleading statement may result in the denial of my application or permanent termination from the program.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Return to:** Mercy Corps Northwest  
 Attn: Edwin A. Rios  
 29 E Sumach St.  
 Walla Walla, WA 99362  
[erios@mercycorporsnw.org](mailto:erios@mercycorporsnw.org)

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