



Here is the link to our online application: <https://www.mercycorpsnw.org/business/ida-2/>

MCNW Oregon IDA Application Form

Please fill out this application completely, to the best of your ability. We will not be able to consider incomplete applications. If you need assistance, please contact the IDA team at: ida@mercycorps.org

Date: _____

Applicant Name: _____

Address: _____

City: _____ County, State, Zip Code: _____

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

Email Address: _____ Date of Birth: _____

In the past year, have you completed either Business Foundations I, Business Foundations II, a Business Plan Workshop, or an Understanding Your Credit seminar at Mercy Corps Northwest? If not, have you completed approximately 18 hours of business education at another institution (and do you have a copy of your transcript or letter from your instructor? **Yes No**

Please list the name of the class and the date it was completed:

Have you **applied** to the MCNW IDA Program before? If yes, when? _____

Have you or any member of your household ever **participated** in an IDA program before?

If yes, please provide the name of the organization and the date you completed the IDA program:

Use or goal of the IDA program: _____

Match amount received: \$ _____

Note: By law, an individual can only hold one IDA at a time. If you are currently participating in another IDA program, we will not be able to consider your application.

What is your marital status? single / married / domestic partnership / divorced / widowed_____

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

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

Current Employer (for self-employment, see next section)

Company Name	Employed (month/year) from: _____ to: _____
City _____ State _____	Wage \$ _____ per hour or month (circle one)
Position/Type of Work	Average number of hours worked weekly: _____

Self Employment /Your Business (if applicable)

Business name: _____	
Started (first sales) month _____ year _____	Last year's gross sales: \$ _____
Type of business:	(Circle one) Full-time (35+ /week) Part-time Seasonal
Web address: _____	Business email: _____
Business phone number : _____	Business address: _____

Public Assistance

Have you been certified to receive any of the following public benefits in the past 12 months?

- | | | |
|--|------------|-----------|
| • LIEAP (Low Income Energy Assistance Program) | Yes | No |
| • Public Housing | Yes | No |
| • Section 8 | Yes | No |
| • SNAP (Food stamps) | Yes | No |
| • TANF (Temporary Assistance for Needy Families) | Yes | No |
| • WIC (Nutrition Program for Women, Infants, and Children) | Yes | No |
| • Low Income Tax Credit properties | Yes | No |

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)			\$

Please circle your highest level of education completed:

- Elementary school
- High School (Diploma or GED)
- Vocational School
- Some College
- Two-year Associate degree
- Four-year Bachelor degree
- Graduate degree

Did you complete your education outside the United States?

If so, where? _____

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 Northwest staff Internet News media Flyer/brochure

Referred by _____ agency

Other (please specify) _____

Are you or a family member an employee/board member 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

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

If yes, please identify the service(s): _____

Additional Information (Optional):

At Mercy Corps Northwest, 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, those transitioning from (or currently experiencing) incarceration, and the homeless/housing insecure.

Gender: _____

Race: _____

Ethnicity: _____

Country of Origin (if you were born outside the US): _____

Preferred language (if other than English): _____

Are you currently homeless or experiencing housing instability? _____

Have you ever been incarcerated? _____

Do you have any disabilities or other conditions we should know about? _____

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?

