



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 filling out this form, please contact Cinthya Montero (email): cmontero@merycorps.org or (phone): (509) 204-2125.

CONTACT INFORMATION

Date: Preferred Name:
Applicant's Legal Name:
Residence Address:
City: County: State: Zip code:
Primary Phone #: Mobile/Alternate Phone #:
Email Address: Date of birth:
Note: If you get accepted into the grant program, your Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN) is required to open your custodial savings account.

Participating in a Business Foundations course and other educational offerings is required to receive the grant. The Business Foundations course will start April 2020. This 6-week course is held once a week for 3 hours and food and childcare are provided free of charge. Please indicate ALL times you are available:

- Fraturdays, 5:30 - 8:30 pm (Dinner 5 - 5:30 pm)
Saturdays, 9 am - 12 pm (Breakfast 8:30 - 9 am)
Not available

What languages do you feel comfortable communicating and speaking in? Check all that apply:

- English
Spanish
Other

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

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

PERSONAL INFORMATION

At Mercy Corps Northwest we encourage individuals of all backgrounds to apply for our programs but particularly welcome people from traditionally underserved/undercapitalized populations such as those who identify as women and minorities, domestic violence survivors, as well as those who are transitioning from incarceration and the homeless/housing insecure.

The “Personal Information” section is optional. All data and information collected will remain anonymous and confidential and is used strictly for purposes of the application selection process.

Gender: Male Female Non-binary Other _____

Race or ethnicity (check all that apply):

- Native American or Alaskan
- Pacific Island or Hawaiian
- African American or Black
- Asian
- White (non-Hispanic)
- Other _____

Do you identify as Hispanic?

- Yes
- No

What is your native language?

- English
- Spanish
- Russian
- Arabic
- Other _____

Marital Status

- Single
- Domestic partnership
- Married
- Separated
- Divorced
- Widowed

What is your country of origin (in what country were you born)?

Current employment status (of applicant)

- More than full time- +41 hours per week
- Full time- 35-40 hours per week
- Part time
- Unemployed
- Other _____

Family Type

- Single person
- Two or more adults
- Single mother
- Single father
- Two parent household
- Other _____

Have you ever been incarcerated?

All individuals are eligible to apply, regardless of their level of involvement with the justice system.

- Yes
- No

Are you a veteran?

Veteran can refer to any applicant who identifies as a veteran from any country.

- Veteran
- Not a veteran

Do you identify as having a disability?

- Yes
- No

Have you ever experienced domestic violence and/or sexual assault?

- Yes
- No

What is the highest level of education you have completed?

- Grades K-5
- Grades 6-8
- Some high school/GED
- High school graduate- Diploma or GED
- Some college or technical school, but no degree
- Technical, trade, or vocational school
- Associate Degree
- Bachelor's Degree
- Some Graduate School
- Doctorate/Master's/Professional degree

Housing Type

Please choose the option that best describes your household's living situation, NOTE: Couch surfing, camping, and living in emergency shelters constitute homelessness.

- Own
- Rent
- Temporary housing
- Sharing housing w/friends /family member/ other household (due to loss of house or economic hardship)
- Homeless/housing insecure
- Section 8/Housing Choice Voucher
- Other _____

HOUSEHOLD INFORMATION

Please list all household members below. (“Child” is defined as being under 18 years old.). Household is defined as all individuals who share use of a dwelling unit as primary quarters for living and eating, separate from other individuals. Roommates, who split expenses and eat separately from each other, typically do not consider themselves as part of a household.

<i>Name</i>	<i>Adult</i>	<i>Child</i>	<i>DOB</i>	<i>Relationship</i>	<i>Income / Monthly</i>
1. Yourself (first name _____)	<i>x</i>			<i>Self</i>	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Total:				Total:	

Current Employer (for self-employment: see “Your Business” 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: _____

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

A. YOU		B. OTHERS IN THE HOUSEHOLD (ie Spouse)	
Your monthly gross salary or wage	\$ _____	Their monthly gross salary or wage	\$ _____
Self-employment income (what you pay yourself from the business as your own)	\$ _____	Self-employment income (what they pay themselves from the business that they own)	\$ _____
Business income (net profit after you pay yourself)	\$ _____	Business income (net profit after they pay themselves)	\$ _____
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 (pension/annuities/IRA)	\$ _____	Retirement (pension/annuities/IRA)	\$ _____
Dependent benefits	\$ _____	Dependent benefits	\$ _____
Other income (_____)	\$ _____	Other income (_____)	\$ _____
Other income (_____)	\$ _____	Other income (_____)	\$ _____
A. Your Total Income	\$ _____	B. Other's Total Income	\$ _____
TOTAL INCOME (A. Your Total Income + 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 or debts). Your household net worth must be less than \$175,600 to qualify for the IDA grant.

ASSETS (own)		LIABILITIES (owes)	
Cash	\$	Unpaid Income/Property Taxes	\$
Checking Accounts	\$	Unpaid Child Support	\$
Certificates of Deposits (CDs)	\$	Credit Cards and Charge Accounts	\$
Savings Account	\$	Store Credit	\$
Children's Saving/CDs	\$	Personal Line of Credit	\$
Retirement Account (401k/IRA/ect.)	\$	Medical Debts	\$
Non-retirement Stocks and Bonds	\$	Personal Debts (family, friends)	\$
Real Estate (House/condo/ect) Value	\$	Real Estate Mortgages	\$
Automobile(s) Value	\$	Automobile Loans	\$
Business Bank Account Balance	\$	Student Loans	\$
Business Asset/Inventory Amount	\$	Other Personal Liabilities	\$
Other Personal Assets	\$	Unpaid Taxes	\$
Other Assets	\$	Other Liabilities or Debts	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Net worth (Total Assets minus Total Liabilities) = \$ _____			

YOUR BUSINESS

At what stage is your business? Note, if you are still in the process of developing your business idea, please select "Conceptual".

- Conceptual
 Startup (in business less than a year)
 In business for a year or more

Self-Employment / Your Business (if business is currently registered and licensed)

Business name (if registered):	
Date when registered (okay to estimate): mm _____ dd _____ yyyy _____	
<input type="checkbox"/> Full time (35+/week) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	Last year's annual gross sales: \$
Type of business:	Business phone #:
Business email:	Business address:
Web address:	Facebook:
Instagram:	Twitter:

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? This can be added as a separate document.

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 5) obtaining an EIN number for your business, and 6) opening a business bank account 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).

Proposed use of IDA funds	
Description	Cost

Are you or a family member an employee or volunteer at Mercy Corps Northwest? 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 family member: _____

Use or goal of the IDA program: _____

Match amount received: \$_____

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 business loan through Mercy Corps Northwest's microenterprise loan program? Yes / No

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

DOCUMENTS CHECKLIST

Please submit copies (no originals) of the following documents with your application.

- Identification:** Copy of Washington ID for the applicant
- Personal 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. If you are paid informally ("under the table") please include a statement written and signed by yourself, stating how much you have earned in the last two (2) months.
- Personal Bank Statements:** Most recent two (2) months for *all members* of the household
- Business Bank Statements** (if applicable): Most recent two (2) months for *all members* of the household
- Business Tax Return** (if applicable): Last year (if you have filed) for *all members* of the household
- Profit & Loss Statement** (if applicable): Total sales and expenses for the business for the past year
- 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: Cinthya Montero
29 E Sumach St.
Walla Walla, WA 99362
cmontero@mercycorps.org

Phone: (509) 204-2125