



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](mailto:ida@mercycorps.org)

Date: \_\_\_\_\_

Full 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: \_\_\_\_\_

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

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:

Name of the Organization \_\_\_\_\_ Date completed the 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.**

Have you received any COVID-19 business grants (for example city of Portland, City of Beaverton, City of Gresham, City of Hillsboro etc)? \_\_\_\_\_

If yes, please provide the name of the organization and the date you received the grant:

Name of the Organization \_\_\_\_\_ Date received the grant \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

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 (first name _____)</i>	<b>X</b>	-----		<i>Self</i>	\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
			<b>Total</b>		\$

\*Household means all individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals.

\*\*Income is any money you (or anyone in your household over 18yo) bring into your household: Alimony, Armed Forces Income, Cash (w/o paycheck), Child Support, Dividend Income, Farm Income, Housing Allowance (i.e. Clergy), Per Capitas, Rental Income, Retirement Distributions, Royalties, Small Business and Self-Employment Income, SSDI (Social Security Disability Insurance) and Veteran's Affairs Disability payments, SSI (Supplemental Security Income), Taxable interest, Traditional Wages, Trust Income, Unemployment, Union Strike Benefits, Worker's Comp.

**Your Current Employment Status (circle one):**

- Employed full-time (35+ hours)
- Part-time or seasonal
- Unemployed
- Other \_\_\_\_\_
- Decline to ID

**Your 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 _____	Approximate gross sales of the business last year: \$ _____
Registered with the State? _____	Approximate total income after expenses (profits) last year: \$ _____
Type of business:	(Circle one) Full-time (35+/week) / Part-time or Seasonal / Other/ Decline to ID
Website or other web presence (Website / Instagram / Facebook etc): _____	Business email: _____ Business phone number : _____
Business address (if different from home): _____	

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**Public Assistance**

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**Have you been certified to receive any of the following public benefits in the past 12 months? (circle one)**

- LIEAP (Low Income Energy Assistance Program)
- Public Housing
- Section 8
- SNAP (Food stamps)
- TANF (Temporary Assistance for Needy Families)
- WIC (Nutrition Program for Women, Infants, and Children)
- Low Income Tax Credit properties

**Can you provide verification of these services?**

- Yes (If yes, provide verification of these services with your completed application)
- No (If no, provide 2 months worth of income verification for all household members)

## 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 (UI or PUA)	\$	Unemployment Compensation (UI or PUA)	\$
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: _____)	\$
<b>A. Your Total Income</b>	\$	<b>B. Other's Total Income</b>	\$
<b>TOTAL INCOME ( A. Your Total + B. Others Total Income )</b>			\$

## Calculating Household Net Worth

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

ASSETS: If you own the following, what is their value?			LIABILITIES: What do you owe?		
	You	Others in HH		You	Others in HH
Cash	\$	\$	Home Mortgage 1 (total debt still outstanding as of current date)	\$	\$
Certificate of Deposits (CD)	\$	\$	Home Mortgage 2 (total debt still outstanding as of current date)	\$	\$
Savings Account	\$	\$	Vehicle Loan 1 (total debt still outstanding as of current date)	\$	\$
Children's CD/Savings account	\$	\$	Vehicle Loan 2 (total debt still outstanding as of current date)	\$	\$
Checking accounts	\$	\$	Business Debts	\$	\$
Home 1 (Zillow value)	\$	\$	Personal Debts (to family and friends)	\$	\$
Home 2 (Zillow value)	\$	\$	Credit Card Debts (MasterCard, Visa, AMEX)	\$	\$
Vehicle 1 (Kelley Blue Book value)	\$	\$	Student Loans	\$	\$
Vehicle 2 (Kelley Blue Book value)	\$	\$	Medical Debts	\$	\$
Business Assets / Inventory*	\$	\$	Store Credit	\$	\$
Business bank account	\$	\$	Personal Line of Credit	\$	\$
Retirement (401k/IRA)**	\$	\$	Unpaid Income / Property Taxes	\$	\$
Stocks/Bonds	\$	\$	Past Due Child Support	\$	\$
Other Investments	\$	\$	Other Debt	\$	\$
Other Assets	\$	\$	Other Debt	\$	\$
<b>Total</b>	\$	\$	<b>Total</b>	\$	\$
<b>Total You and Others in the HH</b>	\$		<b>Total You and Others in the HH</b>	\$	

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

\* List items that are worth \$1,000 or more such as high value equipment, inventory etc.

\*\*Excludes up to \$60,000 of Retirement (Example: if you have \$75k in the account, please put \$15k as your answer. If you have \$50k in the account, put "0."\*\*.

**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) \_\_\_\_\_

**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:**

*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 (circle one)**

- Female
- Male
- Other
- Decline to ID

**What is your marital status?**

- Single, never married
- Married
- Separated
- Divorced
- Widowed
- Decline to ID

**Ethnicity/Race:**

- Black/African American
- Asian or Pacific Islander
- White
- American Indian or Alaska Native
- Multiracial
- Unknown
- Decline to ID

**Are you Hispanic? (circle one)**

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to ID

**Do you identify as another race or ethnicity? Please specify** \_\_\_\_\_

**Country of Origin** \_\_\_\_\_

**Preferred language** \_\_\_\_\_

**Are you a Veteran?**

- Yes
- No
- Decline to ID

**Were you in foster care between ages 15-21?**

- Yes
- No
- Decline to ID

**Do you identify as having disability?**

- Yes
- No
- Decline to ID

**Have you ever been incarcerated?**

- Yes
- No
- Decline to ID

**Housing Situation:**

- Rent
- Own
- Sharing housing with friends/family/another household (due to loss of housing or economic hardship)
- Do not have a stable housing situation right now
- Other (Please specify \_\_\_\_\_)

**Your highest level of education completed?:**

- Grades K-5
- Grades 6-8
- Grades 9-11
- High school diploma/GED
- Some college
- Vocational School Diploma/Degree
- AA degree/graduated two-year college
- BA/BS Degree/Graduated four-year college
- Some graduate school
- Graduate degree
- Declined to ID

Did you complete your education outside the United States?

If so, where? \_\_\_\_\_

**Are you a home owner?(circle one)**

- Yes
- No
- Decline to ID

**Are you a vehicle owner?**

- Yes
- No
- Decline to ID

**Have you ever had a savings account?**

- Yes
- No
- Decline to ID

**Have you ever had a checking account?**

- Yes
- No
- Decline to ID

**Have you ever used a pre-paid card?**

- Yes
- No
- Decline to ID

**Have you ever used direct deposit before?**

- Yes
- No
- Decline to ID

**Are you a business owner?**

- Yes
- No
- Decline to ID
- 

**Business made a sale of any kind?**

- Yes
- No
- Decline to ID



## 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?

The Mercy Corps NW IDA match savings program operates on a 5:1 match ratio. This means that for every dollar you save, you will be matched with \$5 in grant money. The savings goal for all participants is \$1,000, matched with \$5,000 in grant money, for a total of \$6,000. 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. **Please circle the plan that seems best for you:**

- 1) 13 months (Save \$84 per month)
- 3) 18 months (Save \$56 per month)
- 4) 24 months (Save \$42 per month)

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 \$6,000 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>Items Description</b>	<b>Cost \$</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
<b>Total</b>	<b>\$6,000</b>

**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. Sign here:** \_\_\_\_\_

**Return the application and required documents on June 9<sup>th</sup> 2020 from 3 to 6pm:**

Via email: [ida@mercycorps.org](mailto:ida@mercycorps.org)

Online version of this application will be available [on our website](#) on June 9<sup>th</sup> from 3 to 6pm. Applications will not be accepted after 6pm.

If you are only able to submit application in paper – please call (503)8965078 or email [ida@mercycorps.org](mailto:ida@mercycorps.org) by June 2<sup>nd</sup> to discuss available options.

## Required Documents

Please attach each of the documents listed below to complete your application.

- **For those who are recipients of either LIEAP, Public Housing, Section 8, SNAP, TANF, Low Income Tax Credit properties, or WIC:** If you can provide documentation of participation certified within the last 12 months on letterhead or some other official document, then you do not have to submit verification of income, or bank statements. You only need to include copy of your Oregon ID in addition to the certification letter.
  
- **For those who are not receiving any of those forms of public assistance, your application must include:**
  - 1) Copy of Oregon ID (or utility bill/lease agreement)
  - 2) Last year's **business tax return** (Schedule C, **only if you were in business**)
  - 3) 1 months bank statement from each bank account in the household (personal and business).
  - 4) Proof of income eligibility: One or more of the following forms of proof of earned income for your household for the last 2 months (April and May 2020):
    - all pay stubs for this period (showing gross income)
    - letter of employment if you do not receive pay stubs or are working “under the table,” please provide a letter that includes the following information: your name, hours worked over the last two months/pay rate, and signature of employer.
    - A 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.
  - 5) An explanation of any special circumstances to be considered (no more than half a page, please)

In some cases we reserve the right to ask for detailed personal and business bank statements for last 2 months for all household members (must have name and account number on the t

