



FOR OFFICE USE ONLY

Date received:
Program
Staff:

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 the IDA team at (email): ida.mcnw@mercycorps.org

Please note: For the fastest response, we encourage you to apply online: <https://www.mercycorpsnw.org/business/ida-2/>

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 either Business Foundations I, Business Foundations II (Rebuilding Your Foundations), 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 class and date that 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.) If you need to attach additional names, just attach them on a separate document to submit with this application.

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

*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.

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, SNAP, TANF)	\$	General Assistance (i.e. food stamps, SNAP, TANF)	\$
SSI or SSD (Social Security Benefits)		SSI or SSD (Social Security Benefits)	\$
Unemployment Compensation (UI, COVID or PUA)	\$ \$	Unemployment Compensation (UI, COVID 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: _____)	\$
A. Your Total Income	\$	B. Other's Total Income	\$
TOTAL INCOME (A. Your Total + B. Others Total Income)			\$

On the next page under **Calculating Household Net Worth**. Please list items that are worth \$1,000 or more such as high value equipment, inventory etc. Exclude 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.")

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: Make: Model: Mileage	Vehicle2: Year: Make: Model: Mileage			Vehicle 1: Total debt still outstanding as of current date: \$	Vehicle 2: Total debt still outstanding as of current date \$		
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/Email/Social Media
- 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?

Required Documents Checklist

Please submit the copies of the following documents with your IDA application. Do not attach originals. Certify by initialing next to each included document.

Option 1: For those who are recipients of public assistance including 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 tax returns, verification of income, or bank statements. You only need to include (in addition to the certification letter):

- INITIALS _____ | Copy of Oregon ID (or utility bill/lease agreement)
- INITIALS _____ | \$50 Application Fee (*WAIVED MARCH 2021 DUE TO COVID*)
- INITIALS _____ | Last year's **business tax return** (Schedule C, **only if you were in business**)
- INITIALS _____ | **Optional:** An explanation of any special circumstances to be considered

Option 2: For those who are NOT recipients any of forms of public assistance, your application must include:

- INITIALS _____ | Copy of Oregon ID (or utility bill/lease agreement)
- INITIALS _____ | Last year's **business tax return** (Schedule C, **only if you were in business**)
- INITIALS _____ | 1 month of recent bank statement (February) from each bank account in the household (personal and business).
- INITIALS _____ | **Proof of income eligibility: One or more of the following forms of proof of earned income for your whole household for the last 2 months (January and February 2021):**
 - all pay stubs for this period (show 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.
- INITIALS _____ | **Optional:** An explanation of any special circumstances to be considered
- INITIALS _____ | \$50 Application Fee (*WAIVED MARCH 2021 DUE TO COVID*)

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 CorpsNorthwest

Attn: Huda Al-Hamdani

43 SW Naito Parkway

Portland, OR 97204

Email: ida.mcnw@mercy Corps.org **Phone:** (503) 896-5448