



BEFORE YOU APPLY, CHECK IF YOU'RE ELIGIBLE:

1. Be a Minnesota resident 18 years or older
2. Have earned income
3. Meet income guidelines

Family Size	Yearly Income Limit
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
Add \$8,360 for each additional person	

4. Have assets below \$10,000 (not including retirement accounts, 1 primary vehicle and 1 primary residence)

TO APPLY:

1. Fill out FAiM Application
2. Submit with your Application a copy of your most recent tax return (first two pages of 1040), OR you most recent W2, OR three months of paystubs
3. Copy of current & valid photo ID and proof of address IF address on your ID is not current
4. Most recent bank statement

**TURN IN APPLICATION AND SUPPORTING DOCUMENTS BACK TO COMMUNITY ACTION
DULUTH AND A FAiM COACH WILL CONTACT YOU TO SET UP AN ENROLLMENT
APPOINTMENT 😊**

Applicant Marital Status (choose one):

- Single (never married) Married Separated Divorced Widowed Other: _____

Applicant Primary Race (choose one):

- American Indian or Alaskan Native Asian or Pacific Islander Black White Multiracial
 Unknown Decline to ID

Applicant Ethnicity (choose one): Hispanic or Latino Not Hispanic or Latino Decline to ID

Are you:

- US Citizen **OR** Eligible Non-Citizen (mark one)
 Immigrant Refugee **Country of origin:** _____ Not Applicable
 Yes No Are you the head of household?
 Yes No Are you a single parent?
 Yes No Are you disabled?
 Yes No Are you a veteran? If yes, specify: _____

Housing (choose one):

- Own Rent Public Subsidized Homeless Other - specify: _____

Health Insurance:

Primary Source:

- Coverage through a job
 Coverage through spouse's job
 Coverage through business
 Private insurance
 State plan
 Medicaid
 Medicare
 Other – specify: _____
 None

For Household:

- All members insured
 Some members insured
 No members insured
 Don't know
 Decline to ID

Applicant's Income Range (choose one):

- \$0 to \$15,000
 \$15,001 to \$22,000
 \$22,001 to \$30,000
 Over \$30,000

Total number of people in household: _____

- Number of adults:** One Two Three Four Five Six Seven Eight+ Decline to ID
Number of children: One Two Three Four Five Six Seven Eight+ Decline to ID

Applicant Last Name _____ **Local Agency:** _____

Highest Level of Education Completed (Mark one):

- Grade K-5
- Grade 6-8
- Grade 9-11
- High School Diploma
- GED
- Vocational School
- Some College
- AA Degree (2-year degree)
- BA/BS Degree (4-year degree)
- Some Graduate School
- MA/MS Graduate Degree

Employment Status (Mark one):

- Employed full-time (35-40 hours)
- Employed part-time (up to 35 hours)
- Unemployed
- Self-Employed full-time
- Self-Employed part-time
- Working and in school
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Applicant Monthly GROSS Income

- Formal Employment** \$ _____
- Self-Employment** \$ _____
- Government Assistance** (TANF, SSI, Unemployment, Other) \$ _____
- Pension/Retirement** \$ _____
- Child Support** Yes No \$ _____
- Alimony** Yes No \$ _____
- Friends/Family** \$ _____
- Investments** \$ _____
- Other Income** (Source of Other Income _____) \$ _____

Applicant TOTAL monthly gross income: \$ _____

OTHER member of the household – Monthly GROSS income

- Formal Employment** \$ _____
- Self-Employment** \$ _____
- Government Assistance** (TANF, SSI, Unemployment, Other) \$ _____
- Pension/Retirement** \$ _____
- Child Support** Yes No \$ _____
- Alimony** Yes No \$ _____
- Friends/Family** \$ _____
- Investments** \$ _____
- Other Income** (Source of Other Income _____) \$ _____

Other member TOTAL monthly gross income: \$ _____

Applicant Last Name _____

Local Agency: _____

LOCAL AGENCY USE ONLY:

Credit Score: _____ Equifax _____ Experian _____ TransUnion _____ Tri-Merge

Residence (mark one): Urbanized Area (UA) - 50,000 or more people
 Urban Cluster (UC) - at least 2,500 but less than 50,000 people
 Rural Area

Yearly Gross Income of Household: \$ _____ **Area Median Income:** \$ _____

Total number of members in family: _____

(To determine income level: take 100% of poverty guideline for family size then divide yearly gross HH income by that amount.)

Income Level (Mark One): Below Poverty 100% to 150% 151% to 200% Over 200%

Proof of income (submit ONE of the following with the application):

Previous year's Federal 1040 tax form Previous year's W-2 Forms Previous three month's pay stubs

Proof of Government Assistance and income from friends or family: (must provide additional documentation):

Public benefit award letter
 Notarized letter from family or friend stating the dollar amount and time-period of support

- Yes No Do you have a savings account? Account balance \$ _____
- Yes No Are you a homeowner? Value of home \$ _____ Loan balance \$ _____
- Yes No Do you own other homes? Value of other homes \$ _____
- Yes No Are you a vehicle owner? If yes, number of vehicles owned _____
- Value of vehicle 1 \$ _____ Vehicle 1 loan balance \$ _____
- Value of vehicle 2 \$ _____ Vehicle 2 loan balance \$ _____
- Value of vehicle 3 \$ _____ Vehicle 3 loan balance \$ _____
- Yes No Are you a business owner? Value of business \$ _____ Loan balance \$ _____
- Yes No Do you own residential rental property or land? Value of property \$ _____ Loan balance \$ _____
- Yes No Do you own stocks, bonds, 401k, or other investments? Value \$ _____
- Yes No Do you have a checking account? Amount \$ _____
- Yes No Do you owe money to family or friends? Amount \$ _____
- Yes No Do you have past due household bills? Amount \$ _____
- Yes No Do you have credit card bills? Amount \$ _____
- Yes No Do you have outstanding student loans? Amount \$ _____
- Yes No Do you have outstanding medical bills? Amount \$ _____
- Yes No Signature loan? Amount \$ _____
- Yes No Payday loans? Amount \$ _____
- Yes No Other loans? Amount \$ _____

Applicant Last Name _____

Local Agency: _____

- Yes No Are you eligible for TANF?
- Yes No Have you ever received TANF or AFDC?
- Yes No Do you currently receive TANF?
- Yes No Do you currently receive SS, SSI, or SSDI?
- Yes No Are you eligible for Earned Income Tax Credit (EITC)?
- Yes No Did you receive EITC on this year's tax return?
- Yes No Have you ever received EITC in prior tax years?
- Yes No Are you eligible for Minnesota Working Family Tax Credit?
- Yes No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?
- Yes No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?
- Yes No Do you have Health Insurance?
- Yes No Do you have Life Insurance?
- Yes No Do you currently use direct deposit for your paychecks?
- Yes No Will you use direct deposit for your FAIM account?
- Yes No Did you have an existing relationship with the organization prior to enrollment in FAIM?
- Yes No Were you referred to the FAIM program by another organization?
Who referred you? _____
- Yes No Do you currently receive food support? Amount per month \$ _____

- Yes No Decline to ID Have you ever had a checking account?
- Yes No Decline to ID Have you ever had a savings account?
- Yes No Decline to ID Have you ever used direct deposit?
- Yes No Decline to ID Have you ever used a pre-paid card?

Which asset will you be saving for?

- Business Capitalization
- First Home Purchase (have not owned a home in the past 3 years)
- Post-Secondary Education (at an accredited higher education institution)

Emergency Contact Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Relationship to applicant _____

Applicant Last Name _____	Local Agency: _____
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I certify that the information in this application is true and correct to the best of my knowledge:

Applicant Signature

Date

Applicant Printed Name

Credit Report: I give permission to the _____
to get a copy of my credit report at the **beginning AND end** of my participation in the FAIM program.

Applicant Signature

Date

For Housing Asset

If a Spouse/Partner/Co-Borrower lives in the home and will co-sign on a loan, please fill out the following:

First and Last Name of Spouse/Partner/Co-Borrower

Social Security Number of Spouse/Partner/Co-Borrower

Date of Birth

Signature giving permission to pull a credit report: Spouse/Partner/Co-Borrower

Date

Consent for Release of Information

I, _____, give _____,
the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the above-named agency.

Applicant Signature

Date

Applicant Last Name _____

Local Agency: _____

Participant Name: _____ **Date completed/updated:** _____

We are about to create a budget. Do you want it to reflect just your own finances, or the finances of your whole household?

(Note to participants: please make sure all of your answers stay consistent with your response to this question.)

___ **Budget reflects participant only**

___ **Budget reflects whole household**

MONTHLY INCOME

Wages (after tax)	_____	Worker's Compensation	_____
Income from self-employment or business ownership	_____	Veteran's Compensation	_____
SSI/SSDI	_____	Rental income	_____
Food Stamps/WIC	_____	Income from other household members	_____
Other Public Benefits	_____	Interest/Investment Income	_____
Alimony/Child Support	_____	Other Income	_____
Unemployment	_____	Total Monthly Income	_____

MONTHLY EXPENSES

Rent, Taxes & Home Maintenance		Health-Related	
Rent	_____	If not deducted from paycheck, Health Insurance	_____
Renter's Insurance	_____	If not deducted from paycheck, Dental Insurance	_____
Mortgage 1 - Primary Residence	_____	Life Insurance (pro-rate if not paid monthly)	_____
Mortgage 2, 3, etc. - Primary Residence (combined)	_____	Monthly Medical & Prescription Bills	_____
HELOC(s) - Primary Residence	_____	Other	_____
Real Estate - other than Primary Residence	_____	Credit Card/Loan Payments	
Property tax	_____	Revolving Credit Cards	_____
Homeowner's Insurance	_____	Student Loans	_____
Home Maintenance	_____	Consumer Loans - Active	_____
Other	_____	Informal Loans - family, friends, etc.	_____
Utilities		Business Loans	_____
Gas/Heating	_____	Food	
Electric	_____	Groceries	_____
Water	_____	Other Food (dining out, school lunch, etc.)	_____
Trash	_____	Personal Expenses	
Sewer	_____	Cable/Internet	_____
Phone (landline)	_____	Laundry/Dry Cleaning	_____
Cell phone	_____	Tobacco & Alcohol	_____
Other (note: cable and internet go in Personal Expense)	_____	Clothing & Accessories	_____
Transportation		Hair Products/Toiletries	_____
Vehicle 1 Payment	_____	Beauty Salon/Barber Shop	_____
Vehicle 2 Payment	_____	Recreation (movies, CD's, vacation, etc.)	_____
Vehicle 3 Payment	_____	Other	_____
Gas	_____	Miscellaneous Expenses	
Car Insurance	_____	Charitable Giving	_____
Car Maintenance	_____	Gifts to Others	_____
Public Transportation	_____	Newspapers/Magazines	_____
Other	_____	Pet Care	_____
Child/Dependent Related		Allowances for Children/Dependents	_____
Childcare/Daycare	_____	Membership Dues (health club, licenses, etc.)	_____
Child Support (paid)	_____	Education (not student loan repayment)	_____
Education (for children/dependents) - tuition, books, etc.	_____	Financial Fees	_____
Other	_____	Other	_____
		Total Monthly Expenses	_____

MONTHLY NET INCOME

Total Monthly Net Income	_____
Monthly Savings Target	_____



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you? 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me

Financial Capability Scale (0-8 point scale)

1. Do you **currently** have a personal budget, spending plan, or financial plan?
 - ◇ Yes (1 point)
 - ◇ No (0 points)
2. How **confident** are you in your ability to achieve a financial goal you set for yourself today?
 - ◇ Not at all confident (0)
 - ◇ Somewhat confident (1)
 - ◇ Very confident (2)
3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?
 - ◇ Not at all confident (0)
 - ◇ Somewhat confident (1)
 - ◇ Very confident (2)
4. Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings) ?
 - ◇ Yes (1 point)
 - ◇ No (0 points)
5. Over the **past month**, would you say your family's spending on living expenses was **less than** its total income?
 - ◇ (Yes (1 point)
 - ◇ No (0 points)
6. In the **last 2 months**, have you been charged a late fee on a loan or bill?
 - ◇ Yes (0 point)
 - ◇ No (1 points)

The following are recommended questions (non-scale).

- A1. How would **you** rate your **current** credit record?
- ◇ Very bad
 - ◇ Bad
 - ◇ About average
 - ◇ Good
 - ◇ Very good
- A2. Do you **currently** have at least one financial goal?
- ◇ Yes
 - ◇ No