

WVIDA Application Packet

Welcome
Manage Your Project

Applicant/Participant Details

- * Financial Information
- * Demographic Information
- * Contact Information
- * Add Household Members
- * Make Enrollment Decisions

Assist Enrolled Participants
Reserve Fund
Project Management Reports



APPLICANT CONTACT INFORMATION

RESIDENCE

Name:
Last Name First Name Middle Initial Suffix

Address:
Street Address Apartment/Unit #

.....
City State Zip Code

Home Phone: (.....)..... **Alternate Phone:** (.....).....

Primary Email:

Social Security Number: **Head of Household:** Yes No

FOR OFFICE USE ONLY

Applicant: Yes No **Non-AFI:** Yes No

Name of Grantee/Subgrantee:

Participant Categories:

MAILING ADDRESS

Name:
Last Name First Name Middle Initial Suffix

Address:
Street Address Apartment/Unit #

.....
City State Zip Code

Home Phone: (.....)..... **Alternate Phone:** (.....).....

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

FRIEND/RELATIVE CONTACT INFORMATION

Please enter contact information for three people who do not live with you, and would be able to contact you, in the event that you move.

CONTACT #1

Name:
Last Name First Name Middle Initial Suffix

Address:
Street Address Apartment/Unit #
.....
City State Zip Code

Home Phone: (.....)..... **Alternate Phone:** (.....).....

Primary Email:

CONTACT #2

Name:
Last Name First Name Middle Initial Suffix

Address:
Street Address Apartment/Unit #
.....
City State Zip Code

Home Phone: (.....)..... **Alternate Phone:** (.....).....

Primary Email:

CONTACT #3

Name:
Last Name First Name Middle Initial Suffix

Address:
Street Address Apartment/Unit #
.....
City State Zip Code

Home Phone: (.....)..... **Alternate Phone:** (.....).....

Primary Email:

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

FOR AFI² USERS:



Tip:
If an applicant is both a student and employed, please select the Full-time or Part-time employed option.

DEMOGRAPHIC INFORMATION

Gender: Male Female Choose not to respond

Race/Ethnicity: African American Asian American/Pacific Islander
 Caucasian Hispanic
 Native American Other:
 Choose not to respond

Marital Status: Single, Never Married Married Separated
 Divorced Widowed
 Unknown Other:

Employment Status: Full-time employed Part-time employed
 Unemployed Retired
 Student Other:

Date of Birth:/...../.....
MM / DD / YYYY

Highest Level of Education:

- Completed Grades K-5
- Completed Grades 6-8
- Completed Grades 9-11
- High School Diploma/General Education Development (GED)
- Vocational School Diploma/Degree
- Some College
- AA Degree/Graduated Two-year College
- BA/BS Degree/Graduated Four-year College
- Some Graduate School/Attended Graduate School
- MA/MS/Graduate Degree(s)

Residence Location at Time of Application:

- Major Urban Area (population *greater* than 1,000,000)
- Minor Urban Area (population *less* than 1,000,000)
- Rural Area
- Remote Area
- Unknown

Asset Goal (Anticipated Asset Type):

- First Home Purchase (3 years prior to planned home purchase)
- Education Business Capitalization Transfer to a Dependent
- Other (Non-AFI asset type):

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

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FINANCIAL INFORMATION

Has the applicant ever used a direct deposit procedure for depositing his/her paychecks into a bank account? Yes No

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FEDERAL EARNED INCOME TAX CREDIT (EITC), & STATE EITC ELIGIBILITY

	Currently Eligible?		Currently Receiving?		Has Ever Received?	
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal EITC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State EITC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSEHOLD INFORMATION

Number of Adults:

Number of Children:

Total Number of Persons in Household:

INCOME

Gross (or Adjusted Gross) Annual Income Amount:

As of Date:

Documentation Method: Pay Stub W-2-wages
 1099-wages Other:

OTHER INCOME

Type of Income	Yes/No		Annual Amount
Alimony Payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supplemental Security Income (SSI)/ Social Security Disability (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supplemental Nutrition Assistance Program (SNAP)/Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Area Median Income: (if known) Percent of Federal Poverty Line: (AFI² calculates this value)

- ▶ **Household** refers to all individuals who share use of a dwelling unit as primary quarters for living and eating, separate from other individuals.
- ▶ **Adults** refer to individuals age 18 or older, including the applicant, living in the household.
- ▶ **Children** refer to individuals under the age of 18 living in the household.
- ▶ **Adjusted Gross Annual Income** is a person's income (e.g., wages, salaries, tips, dividends, business income) less deductions and expenses allowed by the IRS (e.g., student loan deductions, moving expenses, self-employment tax). It is also the amount shown on the following IRS forms: line 4 of IRS Form 1040EZ, line 22 of Form 1040A, or line 35 of Form 1040.

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

FINANCIAL INFORMATION (CONTINUED)

ASSETS

Asset Type	Yes/No	Value	Balance Due
Own principal residence	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Own other homes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Investments (e.g., cash out value of 401(k), IRA, stocks, or other investment as of date of applicant enrollment)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Fill out the following information if the applicant owns a vehicle(s):

Vehicle No.	Value	Balance Due	Make	Model	Mileage
Vehicle 1 (primary)					
Vehicle 2					
Vehicle 3					

LIABILITIES

Liability	Yes/No	Value
Outstanding Bills Past Due (excluding those listed below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student loan outstanding balances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical bills outstanding balances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal loan outstanding balances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit card outstanding balances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payday loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All other liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

CREDIT SCORE INFORMATION

Credit Score:

Credit Score Source: TransUnion

TriMerge

Equifax

Experian

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General Comments:

Total Assets	\$	Total Debts	\$
AFI Net Worth (excludes primary residence and primary vehicle for the entire household)	\$	Net Worth (includes all assets)	\$

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HOUSEHOLD MEMBER FINANCIAL INFORMATION

In this section, enter financial information for each adult member of the applicant's household. Please duplicate this section for each adult member of the applicant's household.

Household Member # Household Member's Name:

Relationship to Applicant: Husband Wife Child
 Father Mother Brother
 Sister Cousin Unknown
 Other.....

INDIVIDUAL HOUSEHOLD MEMBER'S INCOME

Gross (or Adjusted Gross) Annual Income Amount: \$.....

As of Date:

Documentation Method: Pay Stub W-2-wages
 1099-wages Other:

INDIVIDUAL HOUSEHOLD MEMBER'S ASSETS

Asset Type	Yes/No	Value	Balance Due
Own principal residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Own other homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Business ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Investments (e.g., cash out value of 401(k), IRA, stocks, or other investment as of date of applicant enrollment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Fill out the following information if the household member owns a vehicle(s). Exclude vehicles previously included by the applicant.

Vehicle No.	Value	Balance Due	Make	Model	Mileage
Vehicle 1					
Vehicle 2					
Vehicle 3					

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

INDIVIDUAL HOUSEHOLD MEMBER'S LIABILITIES

Liability	Yes/No		Value
Outstanding Bills Past Due (excluding those listed below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student loan outstanding balances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical bills outstanding balances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Personal loan outstanding balances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Credit card outstanding balances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Payday loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
All other liabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CREDIT SCORE INFORMATION (IF AVAILABLE)

Credit Score: Credit Score Source: TransUnion TriMerge
 Equifax Experian

FOR OFFICE USE ONLY

General Comments:

Total Assets	\$	Total Debts	\$
AFI Net Worth (excludes primary residence and primary vehicle for the entire household)	\$	Net Worth (includes all assets)	\$

Date Data Collected: _____ Date Entered into System: _____ Initials: _____

FOR AFI² USERS:



Tip:

*Before completing this form, enter your applicant's financial, demographic, contact and household information into the corresponding sub-menus of the **Applicant/Participant Details** main menu of the AFI² system. Once you have entered the applicant's information, AFI² will populate the **Key Information about Your Applicant** section, as well as the **Analysis** section.*

ENROLLMENT DECISION (FOR OFFICE USE ONLY)

Use this section of the Application Packet to capture information to help ensure that your applicant meets minimum AFI eligibility requirements and to help you record enrollment decisions. If you use AFI², the Key Information and Analysis sections will be populated once you enter all of the applicant's data in the system.

KEY INFORMATION ABOUT YOUR APPLICANT

TANF Eligible: Yes No

Federal EITC Eligible: Yes No

Gross Annual Household Income

(Annual Household Adjusted Gross Income): \$.....

Household Income as % of Poverty:%

AFI Net Worth: \$.....

(Excludes value of primary residence and primary vehicle for household)

ANALYSIS

Eligible for Federal/State TANF Benefits: Yes No

Eligible for Federal EITC Benefits: Yes No

Eligible for Reported Household Net Worth: Yes No

Reported household annual income is less than 200% of Federal Poverty Line: Yes No

ENROLLMENT DECISION

Do not enroll at this time

Enroll this applicant

Place on the project wait list

Please use the space below to record next steps, detail, or unique enrollment criteria about your enrollment decision.

FOR OFFICE USE ONLY

Grant Number, if enrolled:

Date Data Collected: _____ Date Entered into System: _____ Initials: _____