

**The Race For Education/Assets for Independence
Financial Need Verification Form**

Student Name: _____ Student Age: _____

If you are 21 or older, complete this form for yourself; if you are under 21 complete this with your family's information. Your eligibility cannot be determined unless each question is answered.

Last Name of Head of Household: _____

Number in of adults in household (including self): _____ Number of children: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Household Members (including self):

| <u>First Name</u> | <u>Middle Initial</u> | <u>Last Name</u> | <u>DOB</u> | <u>Applying?</u> | <u>Adult?</u> |
|-------------------|-----------------------|------------------|------------|--------------------------|--------------------------|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach appropriate documentation if you answer yes to the questions below. I.e., Benefits letter for TANF, tax return for EITC, etc.

| | Currently eligible | Currently receiving | Has ever received |
|----------------------|--|--|--|
| TANF Benefits | <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 |

INCOME

Gross Annual Income Amount: _____ *Please attach most recent W2 or tax return.*

Annual Amount

Alimony payment _____
 Child support _____
 SSI/SSDI _____
 Food stamps _____

| ASSETS | Value | Balance due |
|---|--------------|--------------------|
| Principal residence | _____ | _____ |
| Own other homes | _____ | _____ |
| Business ownership | _____ | _____ |
| Other property or real estate | _____ | _____ |
| Investments (401K, IRA, Stocks, other)_ | _____ | _____ |
| Checking account | _____ | _____ |
| Savings account | _____ | _____ |
| Vehicle(s)_ | 1) _____ | _____ |
| | 2) _____ | _____ |
| | 3) _____ | _____ |

| LIABILITIES | Value | |
|------------------------------------|--------------|--------------------|
| Outstanding bills past due | _____ | |
| Student loan outstanding balance | _____ | |
| Medical bills outstanding balances | _____ | |
| Personal loan outstanding balances | _____ | |
| Credit card outstanding balance | _____ | |
| Payday loans | _____ | |
| All other liabilities | _____ | Please list: _____ |

DEMOGRAPHIC INFORMATION (Of applicant)

Gender: _____ Race/ethnicity: _____ Marital status: _____

Highest education applicant has completed: (circle one) High school/GED Some college
 Associate's degree Bachelor's degree

Location: (circle one) Major urban area (population more than 1 million) Rural
 Minor urban area (population less than 1 million) Remote

Has the applicant ever used a direct deposit procedure for their paychecks prior to opening their IDA account? Yes No

What is your employment status? Full-time Part-time Unemployed