



Individual Development Account (IDA) Application

Please note: all information requested on this form will be kept confidential.

Information should be for the user of the assistive technology.

Date: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone (best): _____ Telephone (alternate): _____

Email Address: _____

What is your preferred method of communication?: email ___ phone ___

What is your annual household income? \$ _____

Please provide the value of your assets listed below (if applicable):

Checking Account(s): \$ _____

Savings Account(s): \$ _____

Retirement Account(s): \$ _____

Stocks, Investments: \$ _____

Real Estate: \$ _____

Personal Property (cars, boats, RVs, etc.) \$ _____

Other Assets (please describe):
_____ \$ _____

Please describe the equipment, device, or item you would like to save for and purchase:

Please describe and services required to install or set up the item:

Please tell us about your disability and explain how this item or service will improve your independence, productively, or quality of life:

How much does the equipment, device, or item cost?: \$_____

How much do the required install or set up services cost?: \$_____

How did you determine that this is the assistive technology that you need?:

- Evaluation by a doctor, therapist, or other qualified professional
- Recommended by a doctor, therapist, or other qualified professional
- I tried this device
- I am not sure
- Other. Please specify: _____

Have you tried any other sources of funding to purchase this item?:

- No
- Yes
 - If yes, check all that apply and describe outcome:
 - Medicare/Medicaid
 - School District
 - Vocational Rehabilitation
 - Private Insurance
 - Veteran's Administration
 - Other

Please describe the outcome:

Are you willing to fulfill all IDA program requirements, including:

- Meet with a financial coach
- Complete a training specific to the item you would like to purchase
- Save for at least 6 months

- Yes
- No

Demographic Information

Information collected here will NOT affect your eligibility.

Gender: Male Female

Ethnic/Racial Background:

Caucasian Hispanic Asian/Pacific Islander
 African American Native American Other: _____

Language Spoken At Home:

English Spanish Chinese
 Korean Vietnamese Other: _____

Marital Status:

Single with no dependent children Single with dependent children
 Married or Domestic Partnership Divorced
 Widowed Other

Housing Status:

Subsidized Rental Unit Rent Own Home or Condo
 Other (Please describe): _____

Veteran Status: None/Not Applicable Veteran

How did you hear about Northwest Access Fund's IDA Program? (check all that apply)

Advertising (e.g., radio, flyer, newspaper) Information received in the mail
 Information from the Internet Friend
 Professional (e.g., OT, case manager) Disability-related agency: _____
 Bank, credit union or lending institution Other: _____
 Don't know

Highest level of education:

Less than high school High school diploma/GED Some college
 2-year college (AA) 4-year college/university Graduate school

I currently am covered by the following programs.

Medicaid Medicare
 Private Health Insurance Disability Insurance
 Food Stamps Special Education or 504 Plan
 Division of Developmental Disabilities Other
 Vocational Rehabilitation or Department of Medicaid Cap Waiver
 Services for the Blind (or Ticket to Work) Workers Compensation

Including you, how many people are in your household? _____

Please list their names and ages as of today: _____

Certification & Authorization

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, credit or mortgage verification as requested by Northwest Access Fund. I understand that Northwest Access Fund will conduct a credit check and this will not affect my credit score. I understand that Northwest Access Fund may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

Signature: _____ Date: _____

Applicants under the age of 18 must have the consent of a parent or guardian.

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the Northwest Access Fund's IDA Program.

Signature: _____ Date: _____

Relationship to Applicant: _____

Please provide appropriate documents to verify information provided regarding your finances

Income Documentation Examples:

- Most recent tax return
- Two months' of pay stubs
- Copies of two months' bank statements showing deposits
- Letters or statements verifying amount of SSI, SSDI or retirement Income.
- Other appropriate documentation