



Homeownership Grant

Individual Development Account (IDA) Program

The purpose of the IDA program is to help individuals and families develop personal money management skills, purchase a home, and save with the incentive of matching dollars.

Participants save a minimum of \$1,000 over six month period but generally no longer than 2 years. If \$1,000 is saved, \$4,000 will be contributed by CILC for a total of \$5,000 toward the down payment of a house. All deposits to the IDA savings accounts must be from EARNED INCOME.

You must be enrolled in the program for a minimum of 6 months before receiving the \$4,000.

Eligibility Requirements

- Reside in the Municipality of Anchorage, Mat-Su or Kenai Peninsula Borough (excluding Seward)
- 1st Time Homebuyer (as defined by AHFC /can't have owned a home for three years)
- Have net worth of \$10,000 or less not including one vehicle
- Be income eligible one of these three ways:
 - 1) Be eligible for or a recipient of TANF (Temporary Assistance for Needy Families)
 - 2) Be eligible for the EITC (Earned Income Tax Credit) on your taxes
 - 3) Income must be less than 200% of 2016 Poverty Income Guidelines for Alaska

1-person	2-people	3-people	4 people	5 people	6 people	7 people	8 people
\$30,360	\$41,160	\$51,960	\$62,760	\$73,560	\$84,360	\$95,160	\$105,960

Documentation Required

Please submit the following for all adult (18+) household members:

- Picture ID (applicant only)
- Copies of last 2 months of paycheck stubs or letter of hire for all workers in your family
- Copies of signed income taxes for prior year
- Your most recent checking and savings bank statements (*for all household accounts including minors*)
- **If applicable:** TANF benefit statement (within 12 months)

Basic IDA Appointment Information

You may return your completed/signed/dated application with the required documentation in person or mail it to:

CILC/IDA
3600 Spenard Road, Suite 100
Anchorage, AK 99503

or, fax it to 907-793-3079 - Attention: IDA Coordinator.

After your application has been reviewed and approved for enrollment into the program, CILC will notify you and schedule an orientation/enrollment appointment to complete the program paperwork, and discuss the next steps in the program. The appointment could last up to 2 hours.

Contact Information

Please feel free to visit our website www.cookinletlending.com or call us at 907-793-3058 for further information.



Individual Development Account (IDA) Application for Participation

Note to Applicant: This Individual Development Account Homeownership program is a new initiative of Cook Inlet Lending Center. This is an asset-building initiative designed to help families/individuals prepare for successful home ownership. CILC, its agents, partners and funders do not discriminate on the basis of race, color, sex, age, religion, national origin, disability or familial status.

- Please read, understand and agree to the Terms and Conditions of this application before signing.
- Carefully review and complete all sections of this application.

PART I - General Information

Are you the head of household?

Yes No

Applicant Name:		Sex: M F	
Social Security Number:		Date of Birth:	
Present Address:			
City:	State:	Zip:	
Length of time at address:		Monthly Rent:	
Cell Phone:			
Work Phone:		Email:	
Landlord Name		Telephone:	
Landlord Address			
Total Number In Household _____; Please List All The Members Of Your Household, Including Spouse			
Full Name	Relation	Date of Birth	Education Level

List any additional family members on a separate piece of paper

PART II - Household Employment Information

Primary Employer:		Number of hours per week _____
Work Address:		
Position:	Supervisor's Name: _____	
	Telephone Number: _____	
Date of Hire:	How long in this position?	
Monthly Gross Income: \$ _____	Pay Stubs received:	

Second Employer:		Number of hours per week _____
Monthly Gross Income: \$ _____	Pay Stubs received:	

Other Household Member Employer:		Number of hours per week _____
Monthly Gross Income: \$ _____	Pay Stubs received:	

List any additional other household members employer on a separate piece of paper

PART III - Household Income & Net Worth

Yes	No	Unearned Income Type	Monthly Amount	Annual Amount
		Alimony		
		Child Support		
		SSI/SSDI		
		Food Stamps		
		Corporation Dividends		

Assets

Yes	No	Asset Type	Value	Balance Due
		Checking Account Balance's		
		Savings Account Balance's		
		Children's Accounts Balance's		
		Investments - 401K, IRA, Stocks, Other		
		Business Ownership		
		Principal Residence		
		Other Real Estate		

Vehicles

	Value	Loan Balance	Make	Model	Mileage
Vehicle 1					
Vehicle 2					
Vehicle 3					

Liabilities/Unpaid Bills

Yes	No	Unpaid Bills Type	Unpaid Balance's
		Credit Card(s)	
		Student Loan(s)	
		Medical Bill(s)	
		Personal Loan(s)	
		Payday Loan(s)	
		Outstanding Bills Past Due	
		Any Other Liabilities /Unpaid Bills	

PART IV - Background Information

What is your Marital Status?

 Single Married Separated Divorced Widowed Other: _____
What is your highest level of education?
 Completed K-5 Completed 6-8 Completed 9-11 High School/GED
 Vocation school degree Some College AA Degree BA/BS degree
 some graduate school MA/MS graduate degree unknown
What is your race/ethnicity?
 African American Asian American/Pacific Islander Caucasian Other _____
 Hawaiian/Pacific Islander Hispanic Native American/Alaska Native
If Alaska Native/Native American, what is your regional/village corporation or tribal affiliation:
 CIRI Shareholder CIRI Decscendant Ahtna Aleut
 Arctic Slope Bering Straits BBNC Calista
 Chugach Doyon Koniag NANA
 Sealaska 13th Region Other AK Native American Indian
Are you a Mental Health Trust Beneficiary?
 Yes No

If yes, what is your qualifying disability?

 Developmental Disability Alzheimer/related dementia Mental Illness Chronic Alcoholism
What is your Primary Mode of Transportation?
 Car/Truck Bus Taxi Walking Other _____

What times are you available to attend required classes, meetings or appointments?

Day Time_____ Evening Time_____ Saturday Time_____

Do you have any barriers to attending classes, meetings or appointments? *Example: Childcare, work schedule, and such?*

Yes No

If yes, explain, _____

I understand the above information will be kept confidential. I certify that all statements made on this application are true to the best of my knowledge.

X _____
Applicant's Signature

Date: _____