



Individual Development Account (IDA) Program Application

Section 1: Applicant Information

DSU 900# Number _____ Date of Birth _____ Age _____

Full Name _____
(Last) (First) (Middle)

Major _____ GPA _____ Graduation Date _____

Email Address _____

Permanent Address _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Contact Phone Number _____

Name & Location of High School Attended _____

Section II: Demographics

In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following questions:

Gender: [] Male [] Female [] Other Are you a U.S. citizen? [] Yes [] No

Are you a veteran? [] Yes [] No

Marital Status: [] Single, Never Married [] Married [] Divorced [] Widowed [] Separated

Do you consider yourself Hispanic or Latino? [] Yes [] No

Select one or more of the following racial categories to describe yourself:

- [] White [] Black or African American [] Asian
[] American Indian or Alaska Native [] Native Hawaiian or Pacific Islander

Select the highest level of education completed by yourself:

- [] GED or High School diploma [] Bachelor Degree [] Doctoral or Professional Degree
[] Some college coursework/no degree [] Some Graduate School
[] Associate Degree [] Master or Specialist Degree

Section III: Employment Information

What is your primary employment status? Employed full-time Employed part-time/Seasonally
 Unemployed

Employer _____

Address _____

City _____ **State** _____ **Zip Code** _____

Hire Date _____ **Phone Number** _____

Section IV: Household Information

What is your current housing status? Rent Own Mortgage On campus
 Other _____

Is your household a Temporary Assistance Needy Families (TANF) recipient? Yes No

List all people living in the household (beginning with you), indicate whether or not each person has earned income, and list income information before taxes. Attach additional sheets if necessary.

Name	Monthly income?	Amount	Age 18 or over?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total monthly income		\$ _____	
Total yearly income (Monthly x 12)		\$ _____	

Net worth Calculation: List the approximate value for the entire household.

Do you own an automobile? Yes No

Do you own a business? Yes No

Have you ever utilized any of the following banking services? Please mark the appropriate responses:

- Checking Account
- Saving Account
- Direct Deposit
- Pre-Paid Card

Assets (what you own)

Vehicle \$ _____

Cash \$ _____

Checking account \$ _____

Savings account \$ _____

Cash value of life insurance \$ _____

Retirement accounts \$ _____

Real estate \$ _____

Home \$ _____

Personal property \$ _____

Other investments \$ _____

Total assets \$ _____

Medical \$ _____

Auto \$ _____

Credit cards \$ _____

Loans \$ _____

Other \$ _____

Total liabilities \$ _____

Liabilities (what you owe)

Monthly household expenses \$ _____
 (Housing, utilities, food, healthcare, etc.)

Required Documents

Applications without required documents will not be processed.

- Proof of earned income (for all household members)
 - Last 2 paycheck stubs **and**
 - Prior year Federal Tax Return **or** Income list on FASFA if it has been verified through the IRS
- Account statements for each asset or liability listed, or a credit report.
- Verification of student enrollment (class schedule)
- Valid ID and Social Security or Taxpayer Identification Number

Acknowledgement

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Signature _____

Date _____

Return Application To

Delta State University
Graduate and Continuing Studies
Delta Dollars Program
1003 West Sunflower Road • KWH 239
Cleveland, MS 38733

A grant from Assets for Independence (AFI), a program of the U.S. Department of Health and Human Services Administration for Children and Families, funds approximately 50% of costs for this program. The remaining 50% is funded through non-federal sources identified by the Delta State Foundation.

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