



**BEFORE YOU APPLY, CHECK IF YOU'RE ELIGIBLE:**

1. Be a Minnesota resident 18 years or older
2. Be employed, or self-employed for at least the past 3 months
3. Meet income guidelines

Family Size	Yearly Income Limit
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
Add \$8,960 for each additional person	

4. Have assets below \$10,000 (not including retirement accounts, 1 primary vehicle and 1 primary residence)

**TO APPLY:**

1. Fill out FAIM Application
2. Submit with your application a copy of your most recent tax return (first two pages of 1040), OR your most recent W2, OR three months of paystubs
3. Submit with your application a copy of a current and valid photo ID and proof of address IF address on your ID is not current

**TURN IN APPLICATION AND SUPPORTING DOCUMENTS BACK TO COMMUNITY ACTION  
DULUTH AND A FAIM COACH WILL CONTACT YOU TO SET UP AN ENROLLMENT  
APPOINTMENT 😊**



## FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA (FAIM)

### New Participant Application

#### **LOCAL AGENCY USE ONLY:**

Agency Name: \_\_\_\_\_ FAIM Coach: \_\_\_\_\_

FAIM Savings Account Number: \_\_\_\_\_ Date of 1<sup>st</sup> Deposit: \_\_\_\_\_

**Savings Timeline Ends by: March 1, 2021**

**Spending Timeline Ends: March 26, 2021**

Asset: ☐ Education ☐ Home Purchase ☐ Business

Grant Number: 0953

☐ Saving on behalf of a dependent for Education

☐ Sent to state FAIM office for approval

**Please print clearly and answer all questions except gray shaded boxes.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Full Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_ Lot/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (only if different than Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_

Gender Identification: ☐ Female ☐ Male ☐ Other ☐ Decline to ID

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **Applicant Marital Status (choose one):**

☐ Single (never married) ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: \_\_\_\_\_

#### **Applicant PRIMARY Race (choose one):**

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Multiracial  
☐ Unknown ☐ Decline to ID

**Applicant Ethnicity (choose one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to ID

#### **Applicant:**

☐ Immigrant ☐ Refugee ☐ Not Applicable **Country of origin:** \_\_\_\_\_

☐ Yes ☐ No Are you the head of household?

☐ Yes ☐ No Are you a single parent?

☐ Yes ☐ No Are you disabled?

☐ Yes ☐ No Are you a veteran? If yes, which war/conflict: \_\_\_\_\_

☐ Yes ☐ No Are you a Minnesota resident?

Are you: ☐ US Citizen **OR** ☐ Eligible Non-Citizen

**Housing (choose one):**

☐ Own ☐ Rent ☐ Public ☐ Subsidized ☐ Homeless ☐ Other - specify: \_\_\_\_\_

Monthly rent or mortgage payment: \$ \_\_\_\_\_

**Health Insurance (complete both columns):**

**Primary Source for Applicant:**

- ☐ Coverage through a job
- ☐ Coverage through spouse's job
- ☐ Coverage through self-employment
- ☐ Private insurance
- ☐ State plan
- ☐ Medicaid
- ☐ Medicare
- ☐ Other – specify: \_\_\_\_\_
- ☐ None

**Health Insurance for Household:**

- ☐ All members insured
- ☐ Some members insured
- ☐ No members insured
- ☐ Don't know
- ☐ Decline to ID

**Applicant's Annual Income Range (choose one):**

- ☐ \$0 to \$15,000
- ☐ \$15,001 to \$22,000
- ☐ \$22,001 to \$30,000
- ☐ Over \$30,000

**Total number of people in the household:**

**Number of adults:** ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight+

**Number of children:** ☐ Zero ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight+

**Your Highest Level of Education Completed (Mark one):**

- ☐ Grade K-5
- ☐ Grade 6-8
- ☐ Grade 9-11
- ☐ High School Diploma
- ☐ GED
- ☐ Vocational School
- ☐ Some College
- ☐ AA Degree (2-year degree)
- ☐ BA/BS Degree (4-year degree)
- ☐ Some Graduate School
- ☐ MA/MS Graduate Degree

**Your Employment Status (Mark one):**

- ☐ Employed full-time (35 hours or more weekly)
- ☐ Employed part-time (up to 35 hours weekly)
- ☐ Unemployed
- ☐ Self-Employed full-time (FT)
- ☐ Self-Employed part-time (PT)
- ☐ Working ☐ FT ☐ PT and in school
- ☐ Currently in school or job training program
- ☐ Homemaker, not seeking employment
- ☐ Disabled, not seeking employment
- ☐ Retired, not seeking employment

**Applicant Last Name** \_\_\_\_\_

**Local Agency:** \_\_\_\_\_

**Applicant – MONTHLY Gross Income – from income documentation provided**

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance ( ☐ TANF, ☐ SSI, ☐ Unemployment, ☐ Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support - ☐ Yes ☐ No \$ \_\_\_\_\_  
Alimony - ☐ Yes ☐ No \$ \_\_\_\_\_  
Friends/Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Applicant - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**Other Household Member – MONTHLY Gross Income – from income documentation provided**

**Other Household Member Name:** \_\_\_\_\_

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance ( ☐ TANF, ☐ SSI, ☐ Unemployment, ☐ Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support - ☐ Yes ☐ No \$ \_\_\_\_\_  
Alimony - ☐ Yes ☐ No \$ \_\_\_\_\_  
Friends/Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Other HH Member - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**HOUSEHOLD - TOTAL MONTHLY GROSS INCOME:**

\$

**Household Members:** All individuals who share use of a dwelling unit as primary quarters for living and eating.

First Name	Middle Initial	Full Last Name	Date of Birth	Relationship to You (daughter, son, spouse, etc.)

If more space is needed to list household members, please attach another sheet of paper.

Applicant Last Name \_\_\_\_\_

Local Agency: \_\_\_\_\_

**LOCAL AGENCY USE ONLY:**Credit Score - **REQUIRED:** Equifax \_\_\_\_\_ Experian \_\_\_\_\_ TransUnion \_\_\_\_\_ Tri-Merge \_\_\_\_\_Residence (mark one): ☐ Major Urban Area – over 1 million people  
☐ Minor Urban Area – under 1 million people  
☐ Rural/Remote Area

Area Median Annual Income: \$ \_\_\_\_\_ (this may be Googled)

ANNUAL Gross Income of Household: \$ \_\_\_\_\_ (from income documentation provided with this application)

Total number of members in family: \_\_\_\_\_ 100% of Federal Poverty Guideline for family size: \$ \_\_\_\_\_

**\*\*To determine income level: Divide yearly gross income of HH by 100% of Federal Poverty Guideline for family size.**Income Level (mark one): ☐ Below 100% of Poverty Guideline ☐ 100% to 150% ☐ 151% to 200% ☐ Over 200% (ineligible)

Proof of income (submit ONE of the following with the application):

☐ Most recent year's Federal 1040 tax form (**Preferred**) ☐ Previous year's W-2 Forms ☐ Previous three month's pay stubs

Proof of Government Assistance and/or income from friends or family: (must provide additional documentation):

☐ Public benefit award letter☐ Notarized letter from family or friend stating the dollar amount and time-period of support**\*\*\*\*\* THIS BOX IS FOR STATE FAIM ADMIN USE ONLY \*\*\*\*\***☐ Approved ☐ Denied - Reason: \_\_\_\_\_

Net Assets: \$ \_\_\_\_\_ State FAIM Admin Signature: \_\_\_\_\_

☐ Yes ☐ No Are you a homeowner? Value of home \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a savings account now? Account balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own other homes? Value of other homes \$ \_\_\_\_\_

☐ Yes ☐ No Are you a vehicle owner? If yes, number of vehicles owned \_\_\_\_\_

Value of vehicle 1 \$ \_\_\_\_\_ Vehicle 1 loan balance \$ \_\_\_\_\_

Value of vehicle 2 \$ \_\_\_\_\_ Vehicle 2 loan balance \$ \_\_\_\_\_

Value of vehicle 3 \$ \_\_\_\_\_ Vehicle 3 loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Are you a business owner?

Value of business \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own residential rental property or land?

Value of property \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own: ☐ Stocks, ☐ Bonds, ☐ 401k, ☐ Other Investments Value \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a burial account? Value \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a checking account now? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you owe money to family or friends? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have past due household bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have credit card bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have outstanding student loans? Balance \$ \_\_\_\_\_

Are your student loans in default? ☐ Yes ☐ No

☐ Yes ☐ No Do you have outstanding medical bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Signature loan? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Payday loan? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Other loans **not** listed above? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Applicant Last Name \_\_\_\_\_

Local Agency: \_\_\_\_\_

- ☐ Yes ☐ No Are you eligible for TANF?  
☐ Yes ☐ No Have you ever received TANF or AFDC?  
☐ Yes ☐ No Do you currently receive TANF?  
☐ Yes ☐ No Do you currently receive SS, SSI, or SSDI? Amount per month \$ \_\_\_\_\_  
☐ Yes ☐ No Do you owe back taxes to the IRS/federal government?  
☐ Yes ☐ No Are you eligible for Earned Income Tax Credit (EITC)?  
☐ Yes ☐ No Did you receive EITC on this year's tax return?  
☐ Yes ☐ No Have you ever received EITC in prior tax years?  
☐ Yes ☐ No Are you eligible for Minnesota Working Family Tax Credit?  
☐ Yes ☐ No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?  
☐ Yes ☐ No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?  
☐ Yes ☐ No Do you have Health Insurance?  
☐ Yes ☐ No Do you have Life Insurance?  
☐ Yes ☐ No Do you currently use direct deposit for your paychecks?  
☐ Yes ☐ No Did you have an existing relationship with the organization prior to enrollment in FAIM?  
☐ Yes ☐ No Were you referred to the FAIM program by another agency/organization/person?  
 How did you hear about FAIM? \_\_\_\_\_  
☐ Yes ☐ No Do you currently receive food support? Amount per month \$ \_\_\_\_\_  
☐ Yes ☐ No Did/Will someone else claim you as a dependent on their 2019 federal tax return?  
 If yes, who: \_\_\_\_\_ Their relationship to you: \_\_\_\_\_  
☐ Yes ☐ No Have you ever had a checking account? ☐ Decline to ID  
☐ Yes ☐ No Have you ever had a savings account? ☐ Decline to ID  
☐ Yes ☐ No Have you ever used a pre-paid card? ☐ Decline to ID  
☐ Yes ☐ No Have you ever been enrolled in FAIM?  
☐ Yes ☐ No Will you use direct deposit for your FAIM account?

**Which asset will you be saving for?** (choose one):

- ☐ First Home Purchase (you and/or your spouse may not have owned a home/property within the last 36 months)  
☐ Business Development  
     ☐ Start-up   ☐ Expansion/Enhancement  
☐ Post-Secondary Education (at an accredited higher education institution)  
     ☐ I will be saving on behalf of a dependent for education (spouse, child, or tax dependent)

**Emergency Contact Information – Required:** List someone that can reach you if we lose contact with you.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to You \_\_\_\_\_

Applicant Last Name _____	Local Agency: _____
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I certify that the information I provided on this application is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

**Consent to Obtain Credit Report** (required)

I give permission to \_\_\_\_\_ (local FAIM agency) to obtain a copy of my credit report/score at the **beginning AND end** of my participation in the FAIM program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\*\* For Home Asset Track \*\*\***

Provide information below on spouse/partner/co-borrower living with the applicant who may co-sign loan:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Full Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Spouse/Partner/Co-Borrower Signature - **giving permission to pull a credit report**

\_\_\_\_\_  
Date

**Consent for Release of Information (to share my story)**

I, \_\_\_\_\_, give \_\_\_\_\_ (local FAIM agency), the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion of the program, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the agency listed above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Last Name \_\_\_\_\_

Local Agency: \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date completed/updated:** \_\_\_\_\_

We are about to create a budget. Do you want it to reflect just your own finances, or the finances of your whole household?

(Note to participants: please make sure all of your answers stay consistent with your response to this question.)

\_\_\_\_ **Budget reflects participant only**

\_\_\_\_ **Budget reflects whole household**

## MONTHLY INCOME

Wages (after tax)	_____	Worker's Compensation	_____
Income from self-employment or business ownership	_____	Veteran's Compensation	_____
SSI/SSDI	_____	Rental income	_____
Food Stamps/WIC	_____	Income from other household members	_____
Other Public Benefits	_____	Interest/Investment Income	_____
Alimony/Child Support	_____	Other Income	_____
Unemployment	_____	<b>Total Monthly Income</b>	_____

## MONTHLY EXPENSES

### Rent, Taxes & Home Maintenance

Rent	_____
Renter's Insurance	_____
Mortgage 1 - Primary Residence	_____
Mortgage 2, 3, etc. - Primary Residence (combined)	_____
HELOC(s) - Primary Residence	_____
Real Estate - other than Primary Residence	_____
Property tax	_____
Homeowner's Insurance	_____
Home Maintenance	_____
Other	_____

### Utilities

Gas/Heating	_____
Electric	_____
Water	_____
Trash	_____
Sewer	_____
Phone (landline)	_____
Cell phone	_____
Other (note: cable and internet go in Personal Expense)	_____

### Transportation

Vehicle 1 Payment	_____
Vehicle 2 Payment	_____
Vehicle 3 Payment	_____
Gas	_____
Car Insurance	_____
Car Maintenance	_____
Public Transportation	_____
Other	_____

### Child/Dependent Related

Childcare/Daycare	_____
Child Support (paid)	_____
Education (for children/dependents) - tuition, books, etc.	_____
Other	_____

### Health-Related

If not deducted from paycheck, Health Insurance	_____
If not deducted from paycheck, Dental Insurance	_____
Life Insurance (pro-rate if not paid monthly)	_____
Monthly Medical & Prescription Bills	_____
Other	_____

### Credit Card/Loan Payments

Revolving Credit Cards	_____
Student Loans	_____
Consumer Loans - Active	_____
Informal Loans - family, friends, etc.	_____
Business Loans	_____

### Food

Groceries	_____
Other Food (dining out, school lunch, etc.)	_____

### Personal Expenses

Cable/Internet	_____
Laundry/Dry Cleaning	_____
Tobacco & Alcohol	_____
Clothing & Accessories	_____
Hair Products/Toiletries	_____
Beauty Salon/Barber Shop	_____
Recreation (movies, CD's, vacation, etc.)	_____
Other	_____

### Miscellaneous Expenses

Charitable Giving	_____
Gifts to Others	_____
Newspapers/Magazines	_____
Pet Care	_____
Allowances for Children/Dependents	_____
Membership Dues ( health club, licenses, etc.)	_____
Education (not student loan repayment)	_____
Financial Fees	_____
Other	_____

### Total Monthly Expenses

## MONTHLY NET INCOME

### Total Monthly Net Income

Monthly Savings Target \_\_\_\_\_





## Questionnaire

DATE \_\_\_\_\_

**Part 1:** How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2:** How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3:** Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

### Financial Capability Scale (0-8 point scale)

1. Do you **currently** have a personal budget, spending plan, or financial plan?

- ◇ Yes (1 point)
- ◇ No (0 points)

2. How **confident** are you in your ability to achieve a financial goal you set for yourself today?

- ◇ Not at all confident (0)
- ◇ Somewhat confident (1)
- ◇ Very confident (2)

3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?

- ◇ Not at all confident (0)
- ◇ Somewhat confident (1)
- ◇ Very confident (2)

4. Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings) ?

- ◇ Yes (1 point)
- ◇ No (0 points)

5. Over the **past month**, would you say your family's spending on living expenses was **less than** its total income?

- ◇ (Yes (1 point)
- ◇ No (0 points)

6. In the **last 2 months**, have you been charged a late fee on a loan or bill?

- ◇ Yes (0 point)
- ◇ No (1 points)

-----  
Do you presently have a checking account with a bank or a credit union?

☐ Yes\* ☐ No\*\*

\*If yes, do you bounce checks frequently (at least once a month for the past 3 months)?

☐ Yes ☐ No

\*\*If no, have you ever had a checking account?

☐ Yes ☐ No

\*\*If no, what is the main reason for not having one?

- ☐ In ChexSystems
- ☐ Transactions take too long
- ☐ Not sure how to set one up
- ☐ Fees too high
- ☐ Don't like dealing with bank personnel
- ☐ Not enough money to make account useful
- ☐ Other

Do you presently have a savings account?

☐ Yes ☐ No

Center for  
Financial Security



UNIVERSITY OF WISCONSIN-MADISON