



# Interfaith Housing Services, Inc.

*Serving in Faith*

Dear Applicant,

Thank you for your interest in the Creating Assets, Savings and Hope (CASH) Kansas Individual Development Account (IDA) Program offered by Interfaith Housing Services, Inc. Through education and asset building, this program empowers individual and families of low to moderate income levels to achieve financial self-sufficiency by teaching new habits of financial responsibility.

Qualified households must meet income and asset guidelines, must have earned income, and must agree to complete eHomeAmerica Money Management (\$20 registration fee) along with other required education components. Specific details and instructions will be provided upon approval of your application.

If you are interested in this program, please complete and return the enclosed application to Interfaith Housing Services, Inc. Upon receipt of your application, I will complete a review of your information and will contact you regarding the next steps.

Please contact me with any questions.

Sincerely,

Diane Crabtree  
Home Repair Coordinator/Program Support Specialist  
[dianec@ihs-housing.org](mailto:dianec@ihs-housing.org)  
620-662-8370 Ext 719

**Interfaith Housing Services, Inc.**  
**Attn: Diane Crabtree**  
**P.O. Box 1987 / 1326 East Avenue A**  
**Hutchinson, KS 67504-1987**  
**Fax: 620-662-8399 (Attn: Diane Crabtree)**

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**INTERFAITH HOUSING SERVICES, INC.**  
**Creating Assets, Savings and Hope (CASH) Program**  
**Kansas Individual Development Account (IDA) Program**



**APPLICANT INFORMATION**

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
 First Name Last Name Middle Initial

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
 (\*required – please indicate an email you check regularly)

**Current Address:** \_\_\_\_\_  
 Street City State Zip

**Mailing Address:** \_\_\_\_\_  
 (if different) Street City State Zip

**Are you a legal resident of the state of Kansas?** Yes No **County of Residence:** \_\_\_\_\_

**Residence Location Type:** Rural (under 90,000) Urban (above 90,000) **Housing Type:** Rent Own

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** Male Female

**Race/Ethnicity:** African American Caucasian Latino/Hispanic Asian/Pacific Islander Native American Other

**Marital Status:** Single Married Divorced Separated Widowed **Employment Status:** Full-Time Part-Time

**Highest Education Level:** < High School Diploma High School Diploma Associate’s Degree  
 (Highest Completed) Bachelor’s Degree Master’s Degree > Master’s Degree

**HOUSEHOLD COMPOSITION**

Name (First and Last)	Date of Birth	Age	Gender	Relationship to Head of Household
1.				Head of Household
2.				
3.				
4.				
5.				
6.				

\* Interfaith Housing Services, Inc., collects and holds your email address in order to send you the information regarding the services you have requested and to maintain contact with you as a program participant. Your email may be used for program newsletters and notifications of upcoming program events. IHS respects your privacy and will not give your email address to any third parties.

**HOUSEHOLD INCOME INFORMATION****Is any individual living in the home receiving income from...**

Employment (Before Taxes)?	NO	YES, amount per month: _____
Self-employment?	NO	YES, amount per month: _____
Social Security?	NO	YES, amount per month: _____
Supplemental Security Income (SSI)?	NO	YES, amount per month: _____
Pensions / Annuities / Retirement Funds?	NO	YES, amount per month: _____
Veterans Administration Benefits?	NO	YES, amount per month: _____
Disability / Death Benefits?	NO	YES, amount per month: _____
Life Insurance Dividends?	NO	YES, amount per month: _____
Unemployment Compensation?	NO	YES, amount per month: _____
Workers' Compensation?	NO	YES, amount per month: _____
Severance Pay?	NO	YES, amount per month: _____
Military Pay?	NO	YES, amount per month: _____
Public Assistance (TANF/Food Stamps)?	NO	YES, amount per month: _____
Child Support?	NO	YES, amount per month: _____
Alimony?	NO	YES, amount per month: _____
Lottery Winnings and/or Inheritances?	NO	YES, amount per month: _____
Other Income (not listed above)?	NO	YES, amount per month: _____

**TOTAL HOUSEHOLD MONTHLY INCOME**\_\_\_\_\_  
(Add monthly income listed above)**HOUSEHOLD ASSET/LIABILITY INFORMATION****Does any individual living in the home have liquid assets (savings accounts, money market accounts, certificates of deposit, safety deposit boxes, trust accounts, savings bonds, stocks and/or securities, etc.)?**

NO YES, total current balance: \_\_\_\_\_ (assets)

**In addition to the current residential property, is there any other real estate owned by anyone in the household?**

NO YES, total current value: \_\_\_\_\_ (assets)

**In addition to one household vehicle, are there any other vehicles owned by anyone in the household?**

NO YES, total current value: \_\_\_\_\_ (assets)

**Does any individual living in the home have debt (mortgage loans, car loans, student loans, personal loans, payday loans, credit card, medical bills, etc.)?**

NO YES, total current balance: \_\_\_\_\_ (liabilities)

**TOTAL HOUSEHOLD ASSETS**\_\_\_\_\_  
(Subtract listed assets from listed liabilities)

**INCOME VERIFICATION**

**Applicants must provide documentation with the application to verify earned income and income eligibility.**

**Every source of income in the household must be verified using one of the documentation methods below. If you have questions about what documentation is needed, please contact IHS prior to submitting the application.**

Earned Income – must be income from a wage or salary received from an employer or from small business proceeds for personal use; does not include Social Security, disability, unemployment, etc.

- Most recent paystubs from the last three (3) consecutive months
- Previous years W-2s or tax return documents
- Written statements from employers (Must be on business letterhead and be signed and dated by the business’s Human Resources Department)
- Business account bank statements from the last three (3) consecutive months (for self-employment)

Income Eligibility – gross household income from all sources must fall below 200% of the current federal poverty guidelines

- Most recent paystubs from the last three (3) consecutive months
- Previous years W-2s or tax return documents
- Written statements from employers (Must be on business letterhead and be signed and dated by the business’s Human Resources Department)
- Accounting and/or business records showing net income (for self-employment)
- Third party documents for child support and/or alimony received (i.e. divorce decree, affidavit, child support payment history showing at least 60 days of history)
- Most recent awards letter and/or benefits statement for Social Security, disability, Supplemental Security Income, unemployment, worker’s compensation, veteran’s benefits, public assistance (TANF/Food Stamps), retirement, pensions, etc. (Must be dated within the last 60 days)
- Other documents as requested by IHS in order to verify eligibility

**APPLICANT CERTIFICATION**

I certify under penalty of perjury that all information provided in this application is true and complete to the best of my knowledge and belief. Furthermore, I understand that willful misrepresentation of any information provided constitutes fraud which will result in disqualification for any Interfaith Housing Services, Inc., assistance and may result in legal action in order to recover expenses.

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Signature Date

**PROGRAM REFERRAL**

Please list the name of the agency, organization, business, or friend/relative who referred you to IHS for the Creating Assets, Savings and Hope (CASH) Kansas Individual Development Account (IDA) Program:

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**INTENDED ASSET**

Please circle which of the following assets you intend to pursue in the IDA Program (pick one):

- First-Time Homeownership Post-Secondary Education  
 Small-Business Capitalization