



**INTERFAITH HOUSING &  
COMMUNITY SERVICES, INC.**

*Helping hands helping people.*

Dear Applicant,

Thank you for your interest in the Kansas Individual Development Account (IDA) Program offered by Interfaith Housing & Community Services. Through education and asset building, this program empowers individuals and families of low to moderate income levels to achieve financial self-sufficiency through financial education and asset specific training, while saving toward a specific asset purchase for first-time homeownership, owner-occupied home repair, post-secondary education or small business capitalization.

Qualified households must have earned income and meet income and asset guidelines. If you are interested in this program, please complete and return the enclosed application to Interfaith Housing & Community Services, with your income documentation (acceptable documentation is listed on the application). Upon review of your application and the documentation provided, I will contact you regarding next steps.

Please contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Rose Smyres". The signature is fluid and cursive.

Rose Smyres

*IDA Program Manager*

[roses@interfaithks.org](mailto:roses@interfaithks.org)

620-259-9927



**Interfaith Housing & Community 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: \_\_\_\_\_

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 and Community 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. Interfaith 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 Interfaith 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 Interfaith 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 and Community Services, Inc., assistance and may result in legal action in order to recover expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROGRAM REFERRAL**

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

\_\_\_\_\_

**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

Home Repairs