



Okodakiciyapi Teen IDA Savings Program

Applicant: _____ Date _____

Crow Creek Housing Authority and Hunkpati Investments, along with other key partners have come together to increase asset building on the Crow Creek Reservation. The program will match teen savers at ratios 8:1 for specific assets. The Okodakiciyapi Savings program is an opportunity for youth to set goals and save towards Higher Education and Small-Business Expenses.

Please submit the following documents to help us determine your acceptance into the program.

- _____ Photo ID (or copy of)
- _____ Application
- _____ Copy of family or parent's previous years Income Tax Return
- _____ Copy of 2 most recent paychecks or Letter of Hire from a working person in the household (proof of "earned income")

- ⇒ ^a Participants must meet the Income Guidelines as follows:
- ⇒ **AND** have Household Net Worth < \$10,000

Family Size	200% Poverty Level	<u>OR</u>	EITC and AGI Limits	With # Qualifying Child
1	\$23,340		\$14,340 (\$19,680 married filing jointly)	0
2	\$31,460		\$37,870 (\$43,210 married filing jointly)	1
3	\$39,580		\$43,038 (\$48,378 married filing jointly)	2
4	\$47,700		\$46,227 (\$51,567 married filing jointly)	3 or more
5	\$55,820			
6	\$63,940			
The following figures are the 2014 HHS poverty Guidelines as of January 2014. http://aspe.hhs.gov/poverty/14poverty.cfm ()			The following figures were taken from the IRS 4012 VITA/TCE Volunteer Resource Guide for the 2013 Returns	



Meet Qualifications as follows:

- Participants must be 14 to 18 years of age
- Participants must meet one of the following:
 - live on the Crow Creek Reservation
 - enrolled member of a federally recognized tribe living on or near the Crow Creek Reservation
- Have parent or legal guardian permission to participate in the program.
- Have some form of earned income.
- Submit a completed application to include:
 - Family/Parent previous year's Tax Return
 - Family/Parent Financial Statement

IDA Account Structure

AFI : Tuition/Small Business Saving Goals

Total Saving Goal: Participants Save:	Unlimited Unlimited
Match Rate:	8:1
Match Sources:	
Match (CCHA):	\$2000
Match (AFI):	\$2000
Total Match Available:	\$4000
Monthly Savings Match:	Minimum \$25 to Maximum \$500
Program Time:	6 – 24 months
Example 1 – Participant saves \$400	Program matches $400 \times 8 = \$3200$ for Total Savings \$3600
Example 2 – Participant saves \$800	Program matches $500 \times 3 = \$4000$ for Total Savings \$4800

Please do not hesitate to ask IDA Program staff for help with your application. We are here to serve you and your desires to grow your assets, expand your knowledge and build your skills. Call BillyJo Sazue or Whitney Nordvold at (605) 245-2148 to make an appointment or just drop by the office. We are always willing to come to you also. We are located at across from Lynn's Dakotamart and the Lode Star Casino.



Okodakiciyapi Teen IDA Savings Program Application

Please note: All information requested on this application form will be kept confidential within Hunkpati Investments, Inc., partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: First MI Last Social Security #

Address City State Zipcode

() Cell Phone () Home Phone () Message Phone

Email Address
 Female Male Date of Birth / /

Are you enrolled in a federally recognized tribe? Yes No

If Yes, Tribal Affiliation: _____

If No, are you: Hispanic Caucasian African American Other _____

Highest Level of Education Completed:
 Grade K – 5 Grade 6 – 8 Grade 9 – 11 High School Diploma GED/Other

Are you employed? Yes No Full Time Part-Time Temporary Student

County of Residence: _____

Do you have any special needs *Hunkpati Investments* staff should know about?

How did you hear about the IDA Program?



Household Information

How many adults (18 yrs and older) currently live in the applicant's household? _____

How many children (under 18 yrs) currently live in the applicant's household? _____

Is there any member of the household disable? Yes No

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move.

Name: _____ Phone:(____) _____

Mailing Address: _____ City: _____ St: _____ Zip Code: _____

Assets and Liabilities

Do you own a vehicle? Yes No

Do you have a checking account? Yes No

Do you have a savings account? Yes No

Have you ever used Direct Deposit? Yes No

Applicants Income/Expenses Budget

Income

Do you have an income? Yes No

If Yes, where do you work, how much do you make, what are your work hours, etc? _____

If No, how do you plan to make your monthly deposit? _____

Total Monthly Income \$ _____



Monthly Expenses

Food/Groceries: \$ _____

Toiletries: \$ _____

Phone: \$ _____

Projected IDA Deposit: \$ _____

Leisurely Expenses: \$ _____

Other (please list): \$ _____

Total Monthly Expenses: \$ _____

Applicant Personal Statement

Please explain why you are interested in participating in the Okodakiciyapi Teen IDA Savings Program. Be sure to describe the asset you would be interested in purchasing with your IDA savings.

How much do you think you could save each month towards an IDA Savings Goal? \$ _____

Applicant Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the *Okodakiciyapi Teen IDA Program*.

Signature: _____

Date: _____

Relationship to Participant: _____



Mail completed application or turn in at:

Hunkpati Investments, Inc. PO Box 175 Fort Thompson, SD 57339

For Questions, call (605) 245-2148

For Office Use Only

- Application completed and eligible for program

Date

IDA Program Administrator

- Approval for acceptance into the IDA program.

Date

Executive Director

Participant start date: _____ IDA Acct opened date: _____

- Paper file established Client entered into database

All Applications subject to Approval. Hunkpati Investments reserves the right to make necessary changes in accordance with Crow Creek Housing Authority guidelines and AFI Legislation.