

## IDA Applicant Readiness Assessment Form

Participant Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

The purpose of this tool is to review in conversation with an applicant their readiness for the IDA program. Does the applicant:

Have a savings account?	Yes	No	Save regularly?	Yes	No	Have long-term goals?	Yes	No
Have a family that shares his/her goals?	Yes	No	Discuss goals with his/her family?	Yes	No	Have a clear asset purchase in mind?	Yes	No
Have stable employment?	Yes	No	Have direct deposit?	Yes	No			

1. Has the applicant ever participated in a program at this agency?

☐ Yes ☐ No

What was their experience in that program?

2. Has the applicant ever been in a long-term program (one year or more)?

☐ Yes ☐ No

If so, how successful were they?

3. What difficulties may the applicant encounter in adhering to the terms of the Savings Plan Agreement?

- ☐ Regular Savings Deposits  
☐ Create/follow budget

☐ Complete classes  
☐ Attend counseling/coaching sessions

4. How will these difficulties be overcome?

5. How motivated is the applicant about the Program?

☐ High ☐ Medium ☐ Low

6. Is the entire family (if applicable) knowledgeable and enthusiastic about the Program?

☐ Yes ☐ No

### **Asset-Specific Assessment**

<b>Homeownership</b>	<b>Education</b>	<b>Business</b>
<input type="checkbox"/> Applicant appears prepared and ready to purchase at this time.	<input type="checkbox"/> Applicant appears prepared and ready to pursue education/job training.	<input type="checkbox"/> Applicant is ready and able to start/expand a business at this time.
<input type="checkbox"/> Applicant should be ready and able to purchase a home by _____, provided the issues listed below are addressed.	<input type="checkbox"/> Applicant should be ready and able to pursue education/job training by _____, provided the issues listed below are addressed.	<input type="checkbox"/> Applicant should be ready and able to start/expand a business by _____, provided the issues listed below are addressed.
<input type="checkbox"/> Estimated affordable purchase price: \$ _____	<input type="checkbox"/> Estimated educational costs: \$ _____	<input type="checkbox"/> Estimated dollars needed for business start-up/expansion: \$ _____
<input type="checkbox"/> Estimated down payment/closing costs \$ _____	<input type="checkbox"/> Researched careers/plan of study. Selected plan of study _____	<input type="checkbox"/> Completed and approved business/marketing plan.
<input type="checkbox"/> It appears unlikely that the above named applicant will be ready and able to purchase a house by _____.		<input type="checkbox"/> It appears unlikely that the above named applicant will be ready and able to start/expand a business by _____.
<b>Owner Occupied Repair</b>	<b>Vehicle Purchase</b>	
<input type="checkbox"/> Applicant appears prepared and ready to pursue home repair at this time.	<input type="checkbox"/> Applicant appears prepared and ready to purchase at this time.	
<input type="checkbox"/> Applicant should be ready and able to pay for home repair by _____, provided the issues listed below are addressed.	<input type="checkbox"/> Applicant should be ready and able to purchase a vehicle by _____, provided the issues listed below are addressed.	
<input type="checkbox"/> Total estimated home repair cost: \$ _____	<input type="checkbox"/> Estimated purchase price: \$ _____	
<input type="checkbox"/> Estimated 20% startup payment if applicable \$ _____	<input type="checkbox"/> It appears unlikely that the above named applicant will be ready and able to purchase a vehicle by _____.	
<input type="checkbox"/> It appears unlikely that the above named applicant will be ready and able to pursue home repair by _____.		

### **Issues to be Addressed**

#### **Financial:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Establish Credit History | <input type="checkbox"/> Reduce income-to-debt ratio | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Need to increase income  | <input type="checkbox"/> Need to decrease expense    | <input type="checkbox"/> Other         |

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Participant Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Counselor Signature