

Prize-Linked Individual Development Account (IDA) Enrollment

Answer all questions and send completed form by email (IDA@CovenantCapital.org), mail (PO Box 15398 Houston TX 77220) or fax (713-223-1853).

Applicant's legal name (First middle & last as shown on Texas DL/ID)	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Military/veteran <input type="checkbox"/> None of these
Home street address (and unit number, if any) <input type="checkbox"/> Own <input type="checkbox"/> Rent	City, County, ZIP	Transportation: <input type="checkbox"/> Own vehicle, <input type="checkbox"/> Bus <input type="checkbox"/> Taxi/Uber/Lyft, <input type="checkbox"/> Other:
Email address	Cell Phone (incl. area code)	Best 3 times for a 10-minute call
Monthly household take home pay (including payroll savings deductions) \$	Job title & hours worked weekly	How did you hear about us?

Ethnicity: American Indian, Black, Asian, Latino, Middle Eastern/North African, Anglo Country of birth:

How you access the Internet (check all that apply): Phone, Pad/tablet, Home computer, Work, Library Have access to a printer? Yes, No

Sex:	Marital Status:	Highest Education Completed:
<input type="checkbox"/> Male	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Elementary school <input type="checkbox"/> Trade school <input type="checkbox"/> Master's degree
<input type="checkbox"/> Female	<input type="checkbox"/> Domestic partnership <input type="checkbox"/> Divorced	<input type="checkbox"/> Middle/Jr. high school <input type="checkbox"/> 2-yr community college/associate's <input type="checkbox"/> MD/JD/PhD degree
	<input type="checkbox"/> Single, never married <input type="checkbox"/> Widowed	<input type="checkbox"/> High school (<input type="checkbox"/> by GED) <input type="checkbox"/> 4-yr bachelor's degree <input type="checkbox"/> Other:

Household Members

Household Member First & Last Name (other than applicant) (leave no blanks, put n/a on any unused lines, if need more lines write on back)	Relationship To You	Birthdate (mm/yyyy)	Currently Working
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Enrollment Survey

- 1. What are your financial goals? Check all that apply:**

<input type="checkbox"/> Reduce debt	<input type="checkbox"/> Save for retirement	<input type="checkbox"/> Save for a home (<input type="checkbox"/> completed homebuyer education)
<input type="checkbox"/> Improve credit	<input type="checkbox"/> Save for college or training	<input type="checkbox"/> Learn to be content with less
<input type="checkbox"/> Save for emergencies	<input type="checkbox"/> Save to buy a vehicle	<input type="checkbox"/> Other: _____

- 2. Which of the following public benefits or other income have you received in the past year? Check all that apply (check this box if answer is none:):**

<input type="checkbox"/> Child support or alimony	<input type="checkbox"/> SNAP/Lone Star Card	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Housing Choice voucher/Section 8	<input type="checkbox"/> Social Security (including SSDI & Survivors)
<input type="checkbox"/> Retirement, pension or disability	<input type="checkbox"/> Child/foster care, adoption assistance	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)

- 3. Which, if any, of these things have you happened to do in the past year? Check all that apply (check this box if answer is none:):**

<input type="checkbox"/> Tracked spending for a month or more	<input type="checkbox"/> Saved for retirement	<input type="checkbox"/> Played a sport and/or did a creative hobby most weeks
<input type="checkbox"/> Used a method for timely paying bills	<input type="checkbox"/> Had blood pressure checked	<input type="checkbox"/> Did 150 or more minutes of aerobic exercise most weeks
<input type="checkbox"/> Paid bills online	<input type="checkbox"/> Received a flu shot	<input type="checkbox"/> Did major muscle strengthening twice or more most weeks
<input type="checkbox"/> Reviewed my credit report	<input type="checkbox"/> Had teeth cleaned at the dentist	<input type="checkbox"/> Visited with family & friends 7 or more hours most weeks
<input type="checkbox"/> Reviewed my Social Security statement	<input type="checkbox"/> Slept 7½ - 8½ hours most nights	<input type="checkbox"/> Participated in a worship service most weeks
<input type="checkbox"/> Saved for emergencies	<input type="checkbox"/> Had dinner with family most days	<input type="checkbox"/> Spent 4½ or more hours reading a book most weeks
<input type="checkbox"/> Saved for a home, car or furnishings	<input type="checkbox"/> Ate out less than 4 meals most weeks	<input type="checkbox"/> Used screen entertainment 9 hours or less most weeks

- 4. Which, if any, of these estate-planning documents do you have? Check all that apply:**

<input type="checkbox"/> A will	<input type="checkbox"/> An advance directive (living will)	<input type="checkbox"/> An instruction letter
<input type="checkbox"/> A power of attorney (POA)	<input type="checkbox"/> A health care proxy (healthcare POA)	<input type="checkbox"/> None of the above

- 5. Which of the following types of insurance policies do you have? Check all that apply (check this box if answer is none:):**

<input type="checkbox"/> Auto, <input type="checkbox"/> Rental, <input type="checkbox"/> Home, <input type="checkbox"/> Health, <input type="checkbox"/> Dental, <input type="checkbox"/> Long-Term Disability, <input type="checkbox"/> Short-Term Disability, <input type="checkbox"/> Term Life, <input type="checkbox"/> Whole/Universal Life, <input type="checkbox"/> Burial
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Certification, Agreement & Authorization

Household Size	1	2	3	4	5	6	7	8
Last year's adjusted gross household income is less than:	44,150	50,450	56,750	63,050	68,100	73,150	78,200	83,250

I certify that the household adjusted gross income (sum of line 8b on 2019 1040 of all working household members age 18+) is below the income limits, and all information provided is accurate and complete. I agree to receive text messages for reminders and savings tips. To maintain eligibility, I will save monthly and keep my IDA balance and contact information current in Covenant's online portal. I authorize Covenant to obtain a copy of my consumer credit information, tax return/transcript and Texas DL/ID to verify eligibility, be coached, work on loan/grant qualification, and evaluate its services. I acknowledge this consent is voluntary and valid until such consent is revoked, which consent may be revoked at any time except to the extent that action based on this consent has been taken. To measure program outcomes, I will accurately complete a survey at graduation and at two 5-year intervals afterward, and I authorize Covenant to share my photo and story with stakeholders. If buying a home, I authorize the lender and title company to release a copy of my credit report, Loan Estimate and Closing Disclosure to Covenant. I agree that Covenant, its employees, agents, directors and affiliates are not liable for any claims and causes of actions arising from errors or omissions by such parties or related to my participation in any Covenant service; and I hereby release and waive all claims of action against Covenant, its employees, agents, directors and affiliates. I understand I have given up substantial rights by signing, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. Covenant does not provide tax or legal advice, and you should consult your tax advisor or attorney for such guidance. Upon enrollment I'll receive spending tracking and checklist forms, plus savings tips and a coach upon IDA-online portal linkage. I will consult the FAQ for more program details.

Signature: _____ Date: _____