



## INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) APPLICATION

### APPLICANT INFORMATION

Last Name		First Name		MI	Social Security Number	
Current Address			City		State	Zip Code
Date of Birth mm/dd/yyyy		Current Age		Tribal ID #		
Home Phone Number (     )     -		Cell Phone Number (     )     -		E-mail Address		

### PARENT/GUARDIAN/LEGAL CUSTODIAN INFORMATION *(Please complete for applicants under 18)*

Last Name		First Name		MI	Social Security Number	
Current Address			City		State	Zip Code
Date of Birth mm/dd/yyyy		Tribal ID # <i>(if applicable)</i>				
Home Phone Number (     )     -		Cell Phone Number (     )     -		E-mail Address		

### APPLICANT PERSONAL INFORMATION

Are you currently employed? If yes, please complete employment information below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you earn money by completing odd jobs, e.g. babysitting, chores or lawn mowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently enrolled in school If yes, please complete school information below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What category is your qualified purchase?	<input type="checkbox"/> Education	<input type="checkbox"/> Vehicle <input type="checkbox"/> Business
How much do you plan to save every month?	\$ _____	
Do you currently have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently participate in Tribally-sponsored activities? If yes, please list the last 3 activities you participated in: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving assistance through the Tribe's Education Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have your own transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did an IDA participant refer you to the program? If yes, who referred you: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT**

Employment Status (*choose one*):

- Employed full-time
- Employed part-time
- Working and in school or job training
- School or job training
- Currently seeking employment
- Unable to obtain work permit

Employer		Phone Number (     )     -	
Address	City	State	Zip Code

**SCHOOL**

Current School Enrollment Status:

- Full-time High School
- Part-time High School
- Vocational/Job Training
- Post-Secondary Education (College)

School	Grade Level	GPA	Graduation Date
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**PERSONAL STATEMENT**

Please briefly explain why you are interested in participating in the IDA Program. Please include information related to your savings goal.

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**[REQUIRED SIGNATURES ON NEXT PAGES]**

**APPLICANT OR PARENT/GUARDIAN CERTIFICATION**

I understand the above information will be kept confidential. I certify, to the best of my knowledge and belief, that the information contained within or attached to this application regarding school, employment, income and assets is accurate and complete.

I, the undersigned, certify that I have read the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Housing Assistance Handbook, Part W and the IDA Rules and Responsibilities and agree to adhere and be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

Applicant Signature	Date
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If Applicant under 18:

I, the undersigned parent/legal guardian of the Applicant, certify that I have read the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Housing Assistance Handbook, Part W and the IDA Rules and Responsibilities and hereby give my minor child (Applicant) permission to participate in IDA Program and understand that he/she will be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

Parent/Guardian/Legal Custodian Signature	Date
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**Photography/Video Recording Release**

*(If Applicant is under the age of 18 must be signed by Parent/Legal Guardian)*

I, the undersigned, hereby acknowledge that the Department may video record or photograph Department Tribally sponsored educational events and workshops. I hereby grant permission, until such time as it is revoked in writing and subject to certain exceptions as provided for in the comment section below, for the Department to record or photograph myself and/or my Applicant minor child, during these activities in order to document their occurrence as well as share them with the Gun Lake Tribal Tribune, Department funding sources, and for inclusion on brochures or informational pamphlets designed to further the interests and objectives of the Department.

I understand that video recordings and/or photographs shall be considered property of the Department and shall not be released to any other person/entity without my written authorization. I further understand that I may request copies of photographs featuring myself or my minor child, and that such requests shall be made in writing will be granted solely within the discretion of the Department Director.

Parent/Guardian/Legal Custodian or Applicant Signature	Date
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**Liability Release**

*(If Applicant is under the age of 18 must be signed by Parent/Legal Guardian)*

I, the undersigned, hereby understand and acknowledge that the activities to be engaged while participating in the IDA Program and the IDA Incentive activities may include known and unanticipated risks. Those risks include, but are not limited to, falling, slipping, crashing, colliding, and transportation related incidents which could result in injury, illness, disease, emotional distress or death. I understand these risks and assume all such risks for myself and for all of those whom I am entitled to make legal decisions and who engage in said activities.

I voluntarily release, indemnify and agree to hold harmless and discharge all persons or organizations associated with the IDA Program and the IDA Incentive activities, including the Match-E-Be-Nash-She-Wish Band of Pottawatomi (“Gun Lake Tribe”) and the Tribal Member Benefits Department, from any and all liability, claims, demands actions or rights of actions, whether personal or to a third party, including persons for whom I am entitled to make legal decisions, which are related to, arise out of or are in any way connected the IDA Program and the IDA Incentive activities including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney’s fees and cost that may be incurred by others in the defense of any such liability claims, demand, actions or cause of action.

I acknowledge and certify that I had sufficient opportunity to read this entire document, and understand its content and that it was executed freely, intelligently, and without duress of any kind and agree to be bound by its terms.

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Parent/Guardian/Legal Custodian or Applicant Signature	Date
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