# Catawba Cash! (Small Business & Education Program)

**Applicant Name:** _____

**Date:** _____

Please initial on each line, indicating your agreement to the terms of this program.

1. I certify that I am an enrolled member of the Catawba Indian Nation _____, or I am saving on behalf of an enrolled member of the Catawba Indian Nation. _____

2. I certify that all information I have provided, including family size, gross income, assets and liabilities is correct and true to the best of my knowledge. I understand that if I intentionally give wrong information, I will be terminated from the CC program, and if I have already received my match funds, I will have to repay the total sum. _____

3. I know that I will be expected to save money regularly, for at least 6 months, in order to remain enrolled in the program. _____

4. I understand that all funds will be put into a custodial account, which means approval will have to be given by the Tribe before I withdraw any funds. _____

5. I understand that there are certain training expectations related to financial education I must participate in before my funds are matched. _____

6. I understand that if I am saving for a small business, that the Small Business Department must approve my business plan before my funds are matched. _____

7. I understand that the maximum amount this program matches is $4,000 per participate, even if I save more than $500. _____

8. I certify that I am saving for one of three eligible purposes: higher education, vocational training, or small business expansion or development. _____

9. I understand that if I successfully complete the Education program, the matched funds will be paid directly to the educational institution, along with my savings, the money not be paid to me. _ _____. I understand that if I successfully complete the CC small business program, I will open a business account and my savings and match funds will be deposited into this account_____

10. I understand that if I do not successfully complete any aspects of the program either by 36 months after my enrollment or by July 31, 2018 (whichever comes first), that I will forfeit the right to have my savings matched. _____

11. I received a copy of the Participant Handbook. _____

Revised 6_15_15

## IDA Program Participant Application

This form contains information that may change. It should be completed when a new participant enrolls in the IDA Program, and updated semi-annually.

Program: _____

Participant Name: _____ E-mail Address: _____

Phone Number(s) H: _____ W: _____

Participant Address: _____ Apt. #: _____
City: _____ State: ____ Zip: _____

Date of Enrollment in the IDA Program: _____

Date Account Was Opened: _____

**********

Please provide the name and address of a relative who would definitely know where you live, even if you move:

Relative's Name: _____ Phone #: _____

Relative's Address: _____ Apt. #: _____
City: _____ State: ____ Zip: _____
Email: _____

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**Gender:** Female _____ Male _____ **Date of Birth**: _____

**Age of Participant at Enrollment** _____

**Ethnicity of Participant:**
□ Native American □ African American □ Caucasian □ Latino or Hispanic
□ Asian, □ Pacific Islander
□ other (Please specify _____)

**Marital Status:** □ Single □Married □Divorced □Separated □Widowed

**Employment status of the participant:**
□Employed full-time (35-40 hours)
□Employed part-time (up to 35 hours)
□Self-Employed
□Receiving Union-Strike Benefits
□Receiving long-term disability benefits
□Other (Specify)
_____

**Catawba Indian Nation AFI Program**
**Income Eligibility Verification:**
**200% Federal Poverty Level Determination,**
**Net Worth Test and Declaratory Statement for 2013**

**Name:** _____

**To participate in the IDA Program, each applicant must meet two criteria: Income Eligibility and the Net Worth Test. Income eligibility requires the applicant to have income below 200% of the Federal poverty limit. The Net Worth Test (assets minus liabilities) verifies that the applicant's net worth is below $10,000. Please complete both portions of this form to determine whether the applicant qualifies for an IDA account if the applicant answers no to questions 1 - 5.**

**Income Eligibility**

**To determine income eligibility, please answer the following questions:**

1. Do you receive a TANF (welfare) check from the Department of Social Services (DSS)? ____Yes ____No

2. Does your child(ren), included in your household, participate in the reduced or free lunch program at school? ____Yes ____No

3. Do you receive an EITC Tax Refund? ____Yes ____No (If yes , bypass HH income and go to net worth.)

**If the answer is yes to any of the above questions, the applicant is below 200 percent of poverty and does not need to complete the $10,000 asset limit test on the next page. Documentation of above program that they checked yes to must be put in file. If all answers are no, use the chart below to determine income eligibility or ask about Earned Income Tax Credit (EITC).**

2015 HHS Poverty Guidelines

| Persons in Household | 100% FPG | 138% FPG | 200% FPG |
|---|---|---|---|
| 1 | $11,770 | $16,243 | $23,540 |
| 2 | $15,930 | $21,983 | $31,860 |
| 3 | $20,090 | $27,724 | $40,180 |
| 4 | $24,250 | $33,465 | $48,500 |
| 5 | $28,410 | $39,206 | $56,820 |
| 6 | $32,570 | $44,947 | $65,140 |
| 7 | $36,730 | $50,687 | $73,460 |
| 8 | $40,890 | $56,428 | $81,780 |

## Participant Beneficiary Designation Form

### Participant Information

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Financial Institution Holding the IDA Account: _____

### Beneficiary Information

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____-_____ Relationship to Participant: _____

*Please note that the Beneficiary must be the individual's spouse or a dependent of the individual with respect to whom the individual is allowed a deduction under section 151 of the Internal Revenue Code of 1986.*

### Applicant Certification

In the event of my death, I designate the person listed above as my beneficiary to receive all the assets in my Individual Development Account (IDA) and I authorize the Catawba Indian Nation and BB & T to initiate and complete a transfer of my IDA assets to the control of my beneficiary.

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to the Catawba Indian Nation AFI Program of a change in my beneficiary designation.

Signature: _____ Date: _____

Witness
Signature: _____ Date: _____

**Catawba Cash!**

**Small Business and Education Program**

**Referral Form**

Congratulations on your eligibility for the Catawba Cash Program! The next step is for you to open your custodial savings account at BB & T no later than _____ (date – two weeks from today). You will need to make a minimum of $25 deposit, or more if that is in your savings plan. You will also need to bring a driver's license or other form of picture ID to the bank.

You must visit or call the branch on Dave Lyle Boulevard to open your account. Future deposits can be made at any BB & T branch.

Our contact is:

Jennifer Letellier

2286 Dave Lyle Boulevard

Rock Hill, SC 29730

803-366-3144

jletellier@BBandT.com

Jennifer is familiar with the Assets for Independence program and the Catawba Indian Nation. Once we receive that, you will be set up for financial education program.

**EMERGENCY Withdrawal Request Form**
**Notice To Financial Institution Partners: Unqualified IDA Withdrawal**

The Individual Development Account participant listed below has been approved to make an unqualified withdrawal from his or her savings, in order to meet an emergency situation. Please issue a cashier's check, in accordance with the information listed on this form.

## Participant Information

Name: _____ SSN: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

## Check Information

Cashier's check payable to: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Please withdraw funds from the following account:

**Account No. _____ (participant's IDA savings account)**
**In the amount of: $_____**

Please: ____ prepare check for pickup by _____ on _____

____ mail check to _____

## Authorization

As an authorized representative of Catawba Cash Program, I authorize BB & T to prepare a cashier's check to the party listed above drawn from the Individual Development Account savings account number on which my agency is a joint owner, in the amount listed above.

_____ _____
Authorized Signature Date

As a participant in the Individual Development Account Program, I authorize BB & T to prepare a cashier's check to the party listed above, drawn from my savings account, in the amount listed above. I understand that if I do not reimburse this amount within 12 months, I may be terminated from the program to allow room for other participants. I will forfeit all match funds associated with this withdrawal.

_____ _____
Participant's Signature Date

**APPROVED Withdrawal Request**
**Notice To Financial Institution Partners: Qualified IDA Withdrawal**

The Individual Development Account participant listed below has been approved to make a qualified withdrawal from his or her savings in order to purchase his or her asset goal. Please issue to the vendor, a cashier's check, in accordance with the information listed on this form.

## Participant Information

Name: _____ SSN: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

## Check Information

Check payable to: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Please withdraw funds from the following account:

Account No. _____ (participant's IDA savings account)

In the amount of: $_____

Please: ____ prepare check for pickup by _____ on _____

____ mail check to _____

_____

## Authorization

As an authorized representative of the Catawba Indian Nation, I authorize BB & T to prepare a cashier's check to the party listed above drawn from the savings account number on which my agency is a joint owner, in the amount listed above.

_____ _____

Authorized Signature Date

As a participant in the Individual Development Account Program, I authorize BB & T to prepare a cashier's check to the party listed above, drawn from my savings account, in the amount listed above.

_____ _____

Participant's Signature Date

Step 1:

**Do you have earned income to deposit into an AFI IDA continuously for 6 months?**

*If you aren't sure, click here for the definition of "earned income" provided by the Internal Revenue Service.*

If **No**, you are not able to make qualified deposits into an AFI IDA at this time. Please return when you have continuous earned income.

If **Yes**, proceed to Step 2.

Acceptable Forms of Documentation for Participant File:

- ☐ Most recent signed tax return form, most recent W-2, quarterly tax payments, 2 recent pay stubs, written verification from employer

Step 2:

**Are you a member of a household that is eligible for the Temporary Assistance for Needy Families (TANF) program?**

*If you aren't sure, click here for more information about TANF eligibility*

If **No**, Proceed to Step 3.

If **Yes**, you are eligible to participate in the AFI IDA program and do not need further verification. Proceed to the "Summary" sheet.

Acceptable Forms of Documentation for Participant File:

- ☐ TANF Letter

Step 3:

## If you are not a member of a TANF-eligible household, are you a member of a household that has an Adjusted Gross Income below the Earned Income Tax Credit limit or at or below 200% of the federal poverty level?

*Use the signed and dated income tax forms for all members of your household for the previous year to complete this portion. If no tax forms are available, use 2 most recent pay stubs to determine monthly income and multiple by 12 to calculate annual income.*

**1. If you have a signed and dated income tax return form submitted to the Internal Revenue Service for the previous tax year, does it indicate that you are eligible for the Earned Income Tax Credit?**

If **No**, Proceed to #2 on this page to calculate your adjusted gross income.
If **Yes**, Proceed to **Step 4** to calculate your net worth.

**2. Calculate your annual adjusted gross income**

| Income | Head of Household | *Household Member 2* | *Household Member 3* | *Household Member 4* |
|---|---|---|---|---|
| Wages, salaries, tips, and other employee compensation | | | | |
| Net earnings from self-employment | | | | |
| Taxable interest | | | | |
| Dividends | | | | |
| Taxable refunds, credits or offsets of State and local income taxes. *(See IRS Form 1040 for exceptions)* | | | | |
| Alimony | | | | |
| Business income (or loss) | | | | |
| Capital gain (or loss) | | | | |
| Other gains (or losses) (i.e., assets used in trade or business that were exchanged or sold) | | | | |
| Taxable amount of individual retirement account (IRA) distributions. *(Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.)* | | | | |
| Taxable amount of pensions and annuity payments | | | | |
| Rental real estate, royalties, partnerships, S corporations, trusts, etc. | | | | |
| Farm income (or loss) | | | | |
| Unemployment compensation payments | | | | |
| Taxable amount of Social Security benefits | | | | |

Step 4:

**If you are a member of a household that has an Adjusted Gross Income below the Earned Income Tax Credit limit or at or below 200% of the federal poverty level, is the current net worth of your household less than $10,000?**

| **Does your household own the following assets? If YES, what is their value?** | **Assets** | **Does your household have the following debts? If YES, what is their value?** | **Liabilities** |
|---|---|---|---|
| *Vehicle 1 (does not count toward net worth calculation)* | | Vehicle 1 | |
| Vehicle 2 | | Vehicle 2 | |
| *Home 1 (does not count toward net worth calculation)* | | Mortgage 1 | |
| Home 2 | | Mortgage 2 | |
| Business Value | | Business Debt | |
| Residential rental property or land | | Residential rental property or land debt | |
| Stocks & Bonds, Retirement Funds, or other Investment | | Past Due Household Bills | |
| Checking Account | | Credit Card Debt | |
| Savings Account (not an IDA) | | Student Loans | |
| Other | | Medical Bills | |
| | | Other Loans | |
| **Total Assets** | $0 | **Total Liabilities** | $0 |

**Net Worth:** $0

**Is your household net worth less than $10,000?** **Yes**

If **No**, you are not eligible for the AFI program at this time.

If **Yes**, you are eligible for the AFI program. Proceed to the "Summary" sheet.

Acceptable Forms of Documentation for Participant File:

- □ Account statements for each asset or liability, or recent credit report

# EITC Income Limits, Maximum Credit Amounts and Tax Law Updates

## 2014 Tax Year

Earned Income and adjusted gross income (AGI) must each be less than:

| Number of Qualifying Children | Single | Married (and filing jointly) |
|---|---|---|
| 0 | $14,590 | $20,020 |
| 1 | $38,511 | $43,941 |
| 2 | $43,756 | $49,186 |
| 3 | $46,997 | $52,427 |

**Investment income** must be $3,350 or less for the year.

The **Tax Relief and Job Creation Act** signed into law December of 2010 provides a temporary increase in EITC and expands the credit for workers with three or more qualifying children. These changes are temporary and apply to 2009, 2010, 2011 and 2012 tax years.

For more information on whether a child qualifies you for the EITC, see Qualifying Child Rules or Publication 596, Rules if You Have a Qualifying Child.

The **American Tax Relief Act of 2012** extended the relief for married taxpayers, the expanded credit for taxpayers with three or more qualifying children and other provisions to December 31, 2017
*EITC guidelines are updated annually, click here for the most recent version.*

Filing Status
Single
Married

*Updated May 2013*

| 2015 Federal Poverty Guidelines* | | |
|---|---|---|
| Persons in family/house hold | 100% of Poverty | 200% of Poverty |
| 1 | $11,770 | $23,540 |
| 2 | 15,930 | $31,860 |
| 3 | 20,090 | $40,180 |
| 4 | 24,250 | $48,500 |
| 5 | 28,410 | $56,820 |
| 6 | 32,570 | $65,140 |
| 7 | 36,730 | $73,460 |
| 8 | 40,890 | $81,780 |

For families/households with more than 8 persons, add $4,160 to the 100% of poverty amount for each additional person.

**The guidelines are different for Alaska and Hawaii*

| 2015 Poverty Guidelines for Alaska | | |
|---|---|---|
| Persons in family/house hold | 100% of Poverty | 200% of Poverty |
| 1 | $14,720 | $29,440 |
| 2 | 19,920 | $39,840 |
| 3 | 25,120 | $50,240 |
| 4 | 30,320 | $60,640 |
| 5 | 35,520 | $71,040 |
| 6 | 40,720 | $81,440 |
| 7 | 45,920 | $91,840 |
| 8 | 51,120 | $102,240 |

For families/households with more than 8 persons, add $5,200 to the 100% of poverty amount for each additional person.

| 2015 Poverty Guidelines for Hawaii | | |
|---|---|---|
| Persons in family/house hold | 100% of poverty | 200% of Poverty |
| 1 | $13,550 | $27,100 |
| 2 | 18,330 | $36,660 |
| 3 | 23,110 | $46,220 |
| 4 | 27,890 | $55,780 |
| 5 | 32,670 | $65,340 |
| 6 | 37,450 | $74,900 |
| 7 | 42,230 | $84,460 |
| 8 | 47,010 | $94,020 |

For families/households with more than 8 persons, add $4,780 to the 100% of poverty amount for each additional person.

*Poverty guidelines are updated annually, click here for the most recent version.*

Eligibility

Yes

No

*Updated May 2013*

## Eligibility Calculation Summary

| | |
|---|---|
| Do you have earned income to deposit into an AFI IDA continuously for 6 months? | **Incomplete** |
| Is your household eligible for TANF? | **Incomplete** |
| Is the Adjusted Gross Income of your household below the EITC limit? | **Incomplete** |
| OR | |
| Is the Adjusted Gross Income of your household at or below 200% of poverty? | **Incomplete** |
| AND | |
| Is your household net worth less than $10,000? | **Yes** |
| **Are you eligible for the AFI IDA program at this time?** | **No** |

***Be sure to save copies of all verification materials in the electronic or hard copy of the participant file. For guidance, see "Acceptable Documentation for Participant File" section for each step completed.***