

Individual Development Account Program Withdrawal Form



			IDA ACCO	UNT HOLDE	R CONTACT	INFORMA	TION			
Last Name			First Name				M.I.			
						Γ.				
SS #			DOB		Phone # (ii	nclude area code)				
a										
Street Address										
City				State Zip						
City				State			zih			
			Community	Action						
Date			Agency Na							
					TATUS					
At this time I wis	h to do the f	following:								
	-	YES	NO		PROGRAM	COMMENT	S (Please refer to program p	rocedures)		
Make an emerge	ncv						· · · · · · · ·			
withdrawal	псу						before withdrawing funds. Matching funds equal the forfeited unless they are reimbursed within one year.			
	ho			<u> </u>			•	•		
Withdraw from the			Withdrawing from the IDA program forfeits all match funds. You are eligible to reapply in the future if you meet program requirements.							
program							asset purchases as far in adva	nce as possible. Program		
							ng, but not limited to, financial			
Make a withdraw	val for an			training, and a	savings perio	d of at least s	ix consecutive months.			
asset purchase										
			PLEASE /	ANSWER THE	FOLLOWIN	NG QUESTIC	JNS			
1. What is the ba	Janco of you		un+2 ć							
2. Please describ	e in detail w	hy you are	making this	request.						
3. If applicable, please describe your emergency. Have you researched other programs that may be able to assist you?							t you?			
	PUR	CHASE INFO	ORMATION	(complete th	is section o	only if maki	ng an asset purchase)			
							- , ,			
Please provide de	etails about	your asset	purchase:							
	Purchas			Payment	Closin	g Costs	Mortgage Amount	Interest Rate %		
						-				
Home Purchase										
nome Furchase	Name of Ec	lucation Inc	titution		Cost Pr	er Credit	Number of Credits	Closing IDA?		
	Nume Of EU				CUSLPE			Closing IDA!		
Education										
	Equipme	ent Price	Invento	ory Price		g Capital	Other Cost?	Closing IDA?		
					Co	st?				
Small Business										





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Please indicate whether you	have:					YES	NO
Graduated from financial lite	racy training?						
	, 0						
Completed asset-specific edu	cation and training (ho	mebuyer co	urse, business trainin	g, etc)?			
Met individually with program	n staff or IDA Coordina	tor about yo	ur asset purchase?				
Please describe in detail wh	at you plan to purchas	e with your	IDA funds. For exam	ple, if purcha	sing a home:	how many	
bedrooms, bathrooms, split-	•		any other specifics a	bout the purc	hase: fax mad	hine for b	usiness,
down payment for home, or	tuition and fees for sc	hool.					
DAY				•			
	MENT INFORMATION						
Please provide details about will be mailed.	your vendor; the entity	from whom	you are making your	asset purchas	se. This is who	ere your ID	A check
Name of Business or Education	onal Institution		Department Name		Company Re	presentati	ve
Street Address			<u> </u>		<u> </u>		
City		State	Zip	Phone Nun	Phone Number (include area code)		
Please complete this section	with the guidance of y	our IDA Coo	ordinator. ATTACH CO	OPIES of bills,	invoices, stat	ements, et	с.
	<u> </u>			\$			
IDA Participant Contribution	(amount of individual s	avings neede	ed for purchase)				
		-		\$			
AFI Match Contribution							
\$							
Local Match Contribution							
\$							
Total IDA Funds Utilized for	Purchase						
ASSET	PURCHASE BREAKDOW	N (Complete	e this section only if	makina an as	et nurchase)		
Total IDA Funds	Total Other Fu		Total Loa	-	1	t of Asset	Purchase
				-			
	Signatur	re Verificatio	on of Withdrawal Ree	nuest	ļ		
	Jigiidtu	e vernicati		14036			
Signature:					Date:		





Post-Assessment Survey (Complete when exiting program)

Read each statement carefully and decide how well it describes you AT THIS TIME. If you can always agree with the statement, circle the "5." If the statement is never true, circle the "1." Use the number "2," "3," and "4" to indicate points between. This is your personal assessment; there are no right or wrong answers.

		Never	Rarely	Sometimes	Usually	Always
I pay my bills late.		1	2	3	4	5
I worry I will be turned down for credit because of my credit history.		1	2	3	4	5
I keep track of my expenses on a regular basis.	1	2	3	4	5	
I spend more money than I earn.		1	2	3	4	5
I use a check casher or money store to cash checks.		1	2	3	4	5
I prepare a budget every month.		1	2	3	4	5
l set financial goals.		1	2	3	4	5
I discuss my financial goals with my family.		1	2	3	4	5
I compare prices when shopping or buying things on sale.			2	3	4	5
I understand the cost of buying things on credit.			2	3	4	5
I share information about managing money with others.			2	3	4	5
I save by making direct deposits into my bank account.		1	2	3	4	5
I pay too much in financial service fees.			2	3	4	5
I use a checking account to pay my bills.		1	2	3	4	5
I put money aside for future purchases or emergencies.			2	3	4	5
I feel knowledgeable when making decisions about money.		1	2	3	4	5
I feel secure about my current financial situation.		1	2	3	4	5
Since joining the IDA program:	Agr	ee	Dis	agree	Don't	Know
I feel I have more control of my household finances.						
I have learned new financial management skills.						
I have opened at least one new bank account (not incl. IDA)						
I am more likely to use bank services and products.						
am less dependent on credit for purchases.						





Do you find yourself more, same or less in	n regards to the						
following areas:	More	Same	Less				
Resourceful							
Self-Disciplined							
Long-Term Planner							
How satisfied are you with your current f	inancial situation?						
How would you describe your saving hab	its since you've been						
in the program?							
How satisfied are you with your current f							
Final With	ndrawal Exit Survey (C	omplete when exiting	the program)				
Please rate the following statements:	Strongly Agree	Agree	No Opinion	Disagree			
The staff was caring.							
The staff was readily available.							
The staff was helpful.							
Financial literacy training was helpful.							
Asset-specific training was helpful.							
Overall, I am satisfied with the IDA							
program. 1. We would like to hear your story. Pleas							
how you benefited from the IDA program *Participant's signature on withdrawal form will approve here to decline release of this information to o	• Your experience can release of testimonial, first na	help recruit others to	the program. *Please in	clude pictures!			
2. What suggestions do you have to improve the program?							
3. Do you need further information or ass	istance from Commun	ity Action?					



Individual Development Account

Program Withdrawal Form



PARTICIPANT CERTIFICATION

My/Our signature below certifies that:

1. All information provided on this form is accurate and complete to the best of my/our knowledge;

2. If I indicated I want to close my IDA account and withdraw from the program I realize that I will need to withdraw my savings and close my account by the deadline instructed.

3. I/We agree to provide all information and documentation as required by the program;

4. I authorize Community Action to release my testimonial, picture (if included) and first name(s) for use in media and recruitment efforts.

5. I authorize Community Action to process this request and to seek additional information if needed.

6. I authorize Community Action to disclose the information contained herein to the appropriate entity for evaluation and further study on effects of incentives to saving habits and asset acquisition.

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	SIGNAT	URES	
Signature of Participant:		Date:	
Signature of Co-participant:		Date:	
	Applicants under age 18 must have	consent of a parer	nt or quardian:
My signature below certifies		inor participant on	this formand that I consent to the participant's
Signature of Applicant:		Date:	
Relationship to Applicant:		Date:	
	FOR OFFICE	USE ONLY	
Date Received:	Re	viewed By:	
Form Complete: Yes	No		
Payment Details (check #, da	ite, etc):		
NOTES:			