



Individual Development Account Program Withdrawal Form

IDA ACCOUNT HOLDER CONTACT INFORMATION					
Last Name		First Name			M.I.
SS #		DOB	Phone # (include area code)		
Street Address					
City		State		Zip	
Date		Community Action Agency Name?			
STATUS					
At this time I wish to do the following:					
	YES	NO	PROGRAM COMMENTS <i>(Please refer to program procedures)</i>		
Request a leave of absence			Leave of absence is not appropriate for participants experiencing chronic rather than temporary financial crisis. All leave requests will be determined by program staff.		
Make an emergency withdrawal			Please consider alternatives before withdrawing funds. Matching funds equal the emergency withdrawal are forfeited unless they are reimbursed within one year.		
Withdraw from the program			Withdrawing from the IDA program forfeits all match funds. You are eligible to reapply in the future if you meet program requirements.		
Make a withdrawal for an asset purchase			Please submit request for withdrawals for asset purchases as far in advance as possible. Program requirements must be completed including, but not limited to, financial literacy and asset-specific training, and a savings period of at least six consecutive months.		
PLEASE ANSWER THE FOLLOWING QUESTIONS					
1. What is the balance of your IDA Account? \$					
2. Please describe in detail why you are making this request.					
3. If applicable, please describe your emergency. Have you researched other programs that may be able to assist you?					
PURCHASE INFORMATION <i>(complete this section only if making an asset purchase)</i>					
Please provide details about your asset purchase:					
	Purchase Price	Down Payment	Closing Costs	Mortgage Amount	Interest Rate %
Home Purchase					
	Name of Education Institution		Cost Per Credit	Number of Credits	Closing IDA?
Education					
	Equipment Price	Inventory Price	Working Capital Cost?	Other Cost?	Closing IDA?
Small Business					

Please note: all information requested will be kept confidential. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.



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POST-ASSESSMENT SURVEY

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
I 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.	1	2	3	4	5
I understand the cost of buying things on credit.	1	2	3	4	5
I share information about managing money with others.	1	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.	1	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.	1	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:	Agree		Disagree		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.					
I am less dependent on credit for purchases.					
Do you find yourself more, same or less in regards to the following areas:	More		Same		Less
Resourceful					

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Self-Disciplined				
Long-Term Planner				
How satisfied are you with your current financial situation? <i>(circle answer that best applies to you)</i>	Not at all satisfied	Somewhat Satisfied	Very Satisfied	
Have your spending habits been changed since you've been in the program? <i>(circle answer that best applies to you)</i>	Yes, for the good	Yes, for the worse	No Change	
How satisfied are you with your current financial situation? <i>(circle answer that best applies to you)</i>	Not at all satisfied	Somewhat Satisfied	Very Satisfied	
EXIT SURVEY				
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. What needs were <i>not</i> met by the IDA program?				
2. What suggestions would you offer for improving our program?				
3. What was the best quality, or part of the program, in your opinion?				
4. Do you need further information or assistance from Community Action?				

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