

Individual Development Account Program Withdrawal Form



IDA ACCOUNT HOLDER CONTACT INFORMATION										
Last Name			First Name				M.I.			
						-				
SS #				DOB		Phone # (ir	nclude area code)			
Street Address										
				1			1			
City				State	State Zip					
	Community			Action						
Date			Agency Na	me?						
				S	TATUS					
At this time I wis	h to do the fo	llowing:	1							
		YES	NO		PROGRAM	COMMENTS	S (Please refer to program p	rocedures)		
Make an emerge	ncy			Please consid	ler alternativ	ves before wi	ithdrawing funds. Matching	funds equal the		
withdrawal				emergency w	vithdrawal ar	e forfeited u	inless they are reimbursed v	vithin one year.		
Withdraw from t	he						orfeits all match funds. You	are eligible to reapply		
program				in the future			uirements. ⁻ asset purchases as far in adva	nce as possible. Program		
	al fan an				•		ng, but not limited to, financial			
Make a withdraw asset purchase	al for an			training, and a savings period of at least six consecutive months.						
			PLEASE	ANSWER THE	FOLLOWIN		ONS			
1. What is the ba	lance of your	IDA Acco	unt? \$							
2. Please describ	e in detail wh	v vou are	making this	request.						
		,,	0							
3. If applicable, p	lease describ	e vour em	nergency. Ha	ive vou resea	urched othe	r programs	that may be able to assis	t vou?		
		e your en	iergeney. ne			r programs		. ,00.		
PURCHASE INFORMATION (complete this section only if making an asset purchase)										
				(,,				
Please provide de	etails about y	our asset	purchase:							
	Purchase	e Price	Down F	Payment	Closin	g Costs	Mortgage Amount	Interest Rate %		
Home Purchase										
Name of Education Institution				Cost Pe	er Credit	Number of Credits	Closing IDA?			
Education										
	Equipmer	nt Price	Invento	ory Price	Workin	g Capital	Other Cost?	Closing IDA?		
					Co	st?				
Small Business										





Please indicate whether you	have:						YES	NO
Graduated from financial liter	acy training?							
Completed asset-specific edu	cation and training (ho	mebuyer co	urse, business	training,	etc)?			
	-			-				
Met individually with progran	n staff or IDA Coordinat	tor about yo	our asset purch	nase?				
Please describe in detail what	at you plan to purchase	e with your	IDA funds. Fo	or example	•	-	-	
bedrooms, bathrooms, split- down payment for home, or	•		any other spe	cifics abo	out the purch	nase: fax mac	hine for b	usiness,
down payment for nome, or	tuition and lees for sci	1001.						
DAVI	MENT INFORMATION (complete th	nis section on	u if makin	a an assat r	urchase		
Please provide details about							ere vour ID	A check
will be mailed.	,,						,	
Name of Business or Educational Institution Department Name Company Re					Company Re	epresentative		
Street Address								
Street Address								
City	City State				Phone Number (include area cod			
Please complete this section	with the guidance of y	our IDA Coo	ordinator. AT	ГАСН СОР	;	nvoices, stat	ements, et	tc.
\$ IDA Participant Contribution (amount of individual savings needed for purchase)								
\$								
AFI Match Contribution								
\$								
Local Match Contribution					ć			
\$ Total IDA Funds Utilized for Purchase								
ASSET P Total IDA Funds	URCHASE BREAKDOW Total Other Fu			only if mo otal Loans		et purchase) TOTAL Cos	t of Accet	Purchase
TOTALIDA FUNAS	Total Other Fu	11113	'	utai Luan	3	TOTAL COS	a of Asset	ruitilase
	Signatur	e Verificatio	on of Withdra	wal Requ	est	<u> </u>		
	0			- 14				
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.			2	3	4	5
worry I will be turned down for credit because of my credit histor	1	2	3	4	5	
keep track of my expenses on a regular basis.		1	2	3	4	5
spend more money than I earn.		1	2	3	4	5
use a check casher or money store to cash checks.		1	2	3	4	5
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
compare prices when shopping or buying things on sale.		1	2	3	4	5
understand the cost of buying things on credit.		1	2	3	4	5
share information about managing money with others.		1	2	3	4	5
save by making direct deposits into my bank account.		1	2	3	4	5
l pay too much in financial service fees.		1	2	3	4	5
use a checking account to pay my bills.		1	2	3	4	5
put money aside for future purchases or emergencies.		1	2	3	4	5
I feel knowledgeable when making decisions about money.			2	3	4	5
I feel secure about my current financial situation.		1	2	3	4	5
Since joining the IDA program:	Ag	ree	Dis	agree	Don't	Know
I feel I have more control of my household finances.						
have learned new financial management skills.						
I have opened at least one new bank account (not incl. IDA)						
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 i	Maria	Come	Loss				
following areas:	More	Same	Less				
Resourceful							
Self-Disciplined							
Long-Term Planner							
How satisfied are you with your current	financial situation?						
How would you describe your saving hab	its since you've been						
in the program?							
How satisfied are you with your current							
Final Wit	hdrawal 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. Plea							
how you benefited from the IDA program *Participant's signature on withdrawal form will approveto decline release of this information to extended	e release of testimonial, first na						
2. What suggestions do you have to improve the program?							
3. Do you need further information or as	sistance 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.

	SIGNATURES		
Signature of Participant:		Date:	
Signature of Co-participant:		Date:	
	Applicants under age 18 must have conser	nt of a parer	nt or guardian:
My signature below certifies		irticipant on	this formand that I consent to the participant's
Signature of Applicant:		Date:	
Relationship to Applicant:		Date:	
	FOR OFFICE USE O	NLY	
Date Received:	Reviewed	Ву:	
Form Complete: Yes	No		
Payment Details (check #, da	ite, etc):		
NOTES:			