

# 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>  |                   |                 |
| 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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|  |                   |                 |                                     |
|--|-------------------|-----------------|-------------------------------------|
| Please indicate whether you have:  |                   | YES             | NO                                  |
| Graduated from financial literacy training?  |                   |                 |                                     |
| Completed asset-specific education and training (homebuyer course, business training, etc)?  |                   |                 |                                     |
| Met individually with program staff or IDA Coordinator about your asset purchase?  |                   |                 |                                     |
| <b>Please describe <i>in detail</i> what you plan to purchase with your IDA funds. For example, if purchasing a home: how many bedrooms, bathrooms, split-level or ranch-style, etc. Also add any other specifics about the purchase: fax machine for business, down payment for home, or tuition and fees for school.</b> |                   |                 |                                     |
|  |                   |                 |                                     |
|  |                   |                 |                                     |
|  |                   |                 |                                     |
|  |                   |                 |                                     |
|  |                   |                 |                                     |
| <b>PAYMENT INFORMATION (complete this section only if making an asset purchase)</b>  |                   |                 |                                     |
| Please provide details about your vendor; the entity from whom you are making your asset purchase. This is where your IDA check will be mailed.  |                   |                 |                                     |
| Name of Business or Educational Institution  |                   | Department Name | Company Representative              |
| Street Address   |                   |                 |                                     |
| City   | State             | Zip             | Phone Number (include area code)    |
| <b>Please complete this section with the guidance of your IDA Coordinator. ATTACH COPIES of bills, invoices, statements, etc.</b>  |                   |                 |                                     |
| IDA Participant Contribution (amount of individual savings needed for purchase)  |                   |                 | \$                                  |
| AFI Match Contribution   |                   |                 | \$                                  |
| Local Match Contribution   |                   |                 | \$                                  |
| <b>Total IDA Funds Utilized for Purchase</b>   |                   |                 | \$                                  |
| <b>ASSET PURCHASE BREAKDOWN (Complete this section only if making an asset purchase)</b>   |                   |                 |                                     |
| Total IDA Funds  | Total Other Funds | Total Loans     | <b>TOTAL Cost of Asset Purchase</b> |
| <b>Signature Verification of Withdrawal Request</b>  |                   |                 |                                     |
| Signature:   |                   |                 | Date:                               |

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## 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      |
| 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      |
| <b>Since joining the IDA program:</b>                                  | <b>Agree</b> | <b>Disagree</b> | <b>Don't Know</b> |         |        |
| 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.                           |              |                 |                   |         |        |



