

IDA QUALIFIED WITHDRAWAL REQUEST FORM

Program Site ID: _____

Personal Information (Completed by IDA Participant)

Name: _____ Social Sec. No.: ____ - ____ - _____
Street: _____ Apt #: _____
City: _____ State: ____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell/Pager: (____) _____
e-mail address: _____

Purchase Information (Completed by IDA Participant and Staff)

Home Purchase

Address of new home _____ City: _____ State: _____ Zip: _____
New phone # where follow-up calls can be placed (____) _____
Closing Date: __/__/__ Mortgage Lender _____

Education/Job Training

Educational Institution Name _____
Field of Study _____

Small Business Start-up/Expansion

Type of Business _____
Formal Name of Business _____

Please describe in detail what you plan to purchase with IDA funds (i.e., a fax machine for your business, the cost of a home purchase, tuition for school, etc.):

Please indicate whether you have:

- Graduated from financial education training: Yes No
- Completed asset-specific education (homebuyer/business training/secondary ed.): Yes No
- Completed Savings Goal: Yes No
- Addressed other barriers to asset purchase (credit, etc.): Yes No
- Have income verification for participant eligibility and/or TANF eligibility on file: Yes No

Applicant Certification (Completed by IDA Participant)

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge. In addition, I understand that it may take up to 30 days to fill my qualified withdrawal request and cut a vendor check.

Signature: _____ Date: _____

Applicants under age 18 must have the consent of a parent or guardian: minors require a permanent name on the account

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I certify the information on this form is accurate and complete.

Signature: _____ Date: _____

Relationship to Participant: _____

Payment Information (Completed by IDA Staff and reviewed by IDA Participant)

To whom should the purchase check be made out (the vendor selling the asset they are buying)?

Name: _____ Send Attention (Name): _____
Street: _____ Phone Number: (____) _____
City: _____ State: ____ Zip Code: _____

Asset Purchase Price \$ _____

Amount from IDA Savings \$ _____

Amount from IDA match \$ _____

Other funds or resources used (Ex. Homelinks, etc.) _____

Have you done the following?

- Collected and reviewed Purchase documents (i.e., estimates, work orders, tuition bills)
- Collected and reviewed any small business plan, home purchase strategy or education/training plan
- Collected and provided on this form the final credit score and final annual income for participant

Staff Initials ____ **IDA Participant's Initials** ____

For Office Use Only

Site ID: ____ Date completed: ____/____/____

Form reviewed by: _____

Total Asset Purchase: \$ _____

Participant Savings: \$ _____

Total Match (Rate :) \$ _____

AFIA Funds: \$ _____

MSHDA Funds: \$ _____

Private Funds: \$ _____ Source(s) of Private Match: _____

Additional Match: \$ _____ Source(s): _____

Participant Credit Score at program entry: Report Date: ____/____/____

Beacon (EQ) ____ Emperica (TU) ____ Fair Isaac (EX) ____ Other (Composite) ____

Participant Credit Score at time of qualified withdrawal Report Date: ____/____/____

Beacon (EQ) ____ Emperica (TU) ____ Fair Isaac (EX) ____ Other (Composite) ____

Participant's Annual Income at Program Entry \$ _____ At Program Exit \$ _____

Program Site Staff Signature: _____ Date sent to RCO ____/____/____

RCO Signature _____ **Date:** ____/____/____

Withdrawal: **Approved** **Denied** Reason(s) for denial: _____