

EMERGENCY WITHDRAWAL REQUEST FORM

Personal Information

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

Savings History & Status

Date Started in Program: _____ Current IDA Balance: \$ _____
Last IDA Deposit - Date: _____ Amount: \$ _____

Information about Your Emergency

Please explain why you want to take a withdrawal from your IDA: _____

How much are you planning to withdraw? \$ _____

If you didn't have IDA savings, how would you handle your emergency? _____

How will this withdrawal affect your long-term saving (and how do you plan to repay the withdrawal amount within 12 months)?

Applicant Certification

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Authorization

As an authorized representative of the Michigan IDA Program, I authorize _____ to prepare a cashier's check to the party listed above drawn from IDA savings account No. _____ on which _____ is a joint owner, in the amount listed above.

Authorized Michigan IDA Program Representative signature

____/____/____
Date

For Office Use Only

Site ID: _____ Date received: ____/____/____ By: _____ Met with participant on: ____/____/____
Outcome: _____

☛ Instructions: Complete this form with Participant in the event of an emergency withdrawal and forward to local financial institution.