INDIVIDUAL ASSET PLAN

| Name: | Date:/ | |
|--|---|----------------------------------|
| IDA Savings Asset Goal: | Savings Amount: \$ | Savings Period: |
| What steps can you take to make | e sure you have enough money to | make your monthly deposit? |
| | | |
| | | |
| - | | |
| What kinds of obstacles or barri monthly deposits or (2) achievin | ers might come up that could progressing your savings goal? | event you from (1) making |
| - | | |
| _ | | |
| _ | | |
| How do you think you can resolv | ve them? Is there anyway we can | n help? |
| _ | | |
| | | |
| | | |
| Do you need to address any cred you plan to address them? | lit or debt issues before you purc | hase your asset? If yes, how wil |
| | | |
| | | |

♦ Instructions: Participant completes along with Savings Plan Agreement.