

## 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: \_\_\_\_\_