

IDA Asset Purchase Withdrawal Form

Request:

- ☐ Approved
☐ Denied
☐ Pending

ORGANIZATION NAME: _____

Award Number IDA-_____ Participant SSN: XXX-XX-_____

IDA PARTICIPANT NAME: _____

FINANCIAL INSTITUTION NAME: _____

Savings Account # _____ Match # _____

Purchase Type (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Job Training / Education | <input type="checkbox"/> Primary Residence (Home) |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Owner-Occupied Repair | <input type="checkbox"/> Emergency (SAVINGS ONLY) |
| <input type="checkbox"/> Re-Assignment ROF | <input type="checkbox"/> Initial Purchase | |

Description of Purchase: (Provide a general purchase type description)

Is Required Supporting Documentation Attached? ☐ Yes ☐ No

*Note: Calculate by knowing the amount requested and the participant's match rate, represented as a ratio of X: 1, where **1 represents the client's savings** and **X represents the match rate**.*

To calculate participant savings amount: $\text{Purchase Total} / X + 1 = \text{Part. Savings}$

To calculate match amount: $\text{Participant Savings} * X = \text{Match Funds}$

Withdrawal Amount

Total Savings: _____

Total Match: _____

**Total
Withdrawal:** _____

Check Payable to Third Party Vendor:

Important Note: IDA participants should be listed as a remitter on the check ONLY if this is an Emergency withdrawal. If this is an Emergency Withdrawal, ONLY savings funds should be used, not match.

Participant Signature

Date

IDA Administrator Signature

Date