

This form is to be used for all Savings Account Withdrawal Requests

Section 1 - IDA Savings Partner Request for Withdrawal

Personal Information

Name: _____

Current Address: _____ City/Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Mobile: (_____) _____

Financial Institution holding IDA Savings: _____

IDA Savings Account Number: _____

Participation in the University of Arkansas IDA Research Project

I am / am not a participant in the University of Arkansas Research Project.
 (Note: you are only participating in this project if you completed a Wellness Survey at your time of enrollment).

- For those who **are** participating in this important project:
- have you completed a second survey at the time of asset purchase? (only if you are completely cashing out)
 - do you know how to contact the research team if you desire?
 - do you commit to providing updated address information to the research team for the next several years?

Reason for Withdrawal Request

A. Ready to make a purchase	B. Choosing to withdraw from the IDA savings at this time	C. This is an emergency withdrawal Please work closely with your IDA Coach on a repayment plan.
It may take between 3 to 4 weeks to receive your match funds; please plan ahead. Please work with your IDA Coach to complete the remainder of this form.	My withdrawal is: <input type="checkbox"/> voluntarily, or <input type="checkbox"/> terminated (I was asked to withdraw) State reason: Please work with your IDA coach to complete the withdrawal information.	I need to withdraw \$_____ from my personal savings at this time due to: _____ _____ I have worked out the following repayment plan with my IDA Coach: \$_____ per month for _____ months. Full amount to be repaid by _____ (date) in order to meet savings goal.
For B and C: Total personal savings needed at this time	\$ _____	Go to Page 3 - IDA Saver Authorizations

If you are completely cashing out your account (full purchase, withdrawal from program, or being asked to leave the program), Please complete the exit surveys to help us continually improve our services. NOTE: these surveys are optional.

Section 2 - IDA Coach and IDA Savings Partner Complete Together

Purchase Information when Issuing Saver Match Funds

Date of this request (3-4 weeks prior to date funds are needed) _____

Is there a specific deadline for which the IDA funds need to be available? Yes; date: _____ No

If yes, state reason (i.e., closing on home, tuition due, etc.) _____

Please indicate whether the following requirements have been met:

- graduated from personal finance / money management training: Yes No In file
- completed a purchase plan for your asset: Yes No In file
- has the purchase plan been reviewed and approved? Yes No In file
- met individually with IDA staff about your asset purchase: Yes No In file

This is a **Full purchase** (using all the IDA funds) or a **Partial purchase** (have funds remaining)

Worksheet 1

Total Withdrawal (both saver and match check)	Step 1: Figure out your total withdrawal	(a) My Personal Savings Portion	(b) Amount of savings Interest earned	(c) Match Portion (no more than \$4,000)	(d) Match Interest (my savings interest X 4)
\$	Step 2: Enter the (a) amount that you saved, plus (b) your interest, plus the (c) amount that you are being matched [savings X 4], plus (d) the match interest.	\$	\$	\$	\$

Purchase Verifications

Have you attached copies of purchase documents?

- Business = Verification of business ownership (business License)
- Verification of business bank account (business License)
- Verification of deposit to business account **to be sent to IDA Coach as soon as deposit is made in the business bank account**

- Home = HUD-1 Settlement statement or Good Faith statement
- Updated address information for new residence: _____
- Copy of mortgage **to be sent to IDA Coach as soon as closing documents are signed**

- Education = Invoice from education institution
- Verification of enrollment

IDA Saver Certification

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 twenty (20) business days (30 calendar days) to fill my qualified withdrawal request and cut a check to the vendor.

Signature: _____ Date: _____

IDA QUALIFIED WITHDRAWAL NOTICE TO PARTICIPATING FINANCIAL INSTITUTION

IDA Saver Authorizations

Part A. Authorization of Check Preparation

As a Savings Partner in the IDA initiative, I authorize my financial Institution to prepare a cashier's check to the party listed below, drawn from my IDA in the amount of \$_____ [Note: this amount should equal the "My Personal Savings Portion" of Worksheet 1 on page 2 if an asset purchase is being made].

Grant Number:

Print name clearly

IDA Organization Name

Signature-IDA Savings Partner

Date

Part B. Authorization to Close Bank Account *(If this is a final withdrawal, due to withdrawal from initiative, termination, or completion of asset purchase, please sign authorization below)*

I authorize my financial Institution to close my IDA Custodial Account, foregoing any fractional interest that may accumulate during the time it takes to process this withdrawal.

Signature-IDA Savings Partner

Date

Check Disbursement from Financial Institution:

Cashier's check in the amount of: \$		From IDA Savings Account #:	
Cashier's check payable to:			
Street:		Unit #:	
City:	State:	Zip:	
Phone Number: - -	Contact Person:		

Check(s) to be mailed to:

Please mail the check to the address below, with a copy faxed to 505-404-0535			
Street:		Unit #:	
City:	State:	Zip:	
Phone Number: - -	IDA Coach Name:		

Custodial Authorizations

To be completed by an authorized staff member of Prosperity Works

The IDA participant listed above has been approved to make a qualified withdrawal from his/her IDA savings in order to purchase his/her asset goal. As an authorized representative of Prosperity Works request preparation of a cashier's check to the party listed above. If this withdrawal results in a zero balance (excluding fractional interest) of the Saver's account, I also request and authorize the financial institution to close the IDA account, releasing Prosperity Works from custodianship.

Signature-Authorized PW Representative

Date

Section 3 - Completed by the IDA Coach

Coach Name (please print): _____

Date Request was Completed with IDA Saver: _____

Withdrawal: Approved Denied
 Date: _____ By: _____ (please initial)

AFI Grant Number associated with saver: _____

AFI Software Functions:

Financial education entered into software: By: _____

Asset plan (under training) entered into software: By: _____

Withdrawal request entered into software: Date: _____ By: _____
 (please use the worksheet provided below before you enter the request in the software)

Asset plan details (under purchase request) entered into software: Date: _____ By: _____

If for any reason the saver was unable to use the cashier's check, please complete this section immediately and complete the "Check Return Form". Send the form and check to the Prosperity Works office, Attn: IDA Administrative Manager.

Check(s) returned to program?

Date: _____ Received By: _____

Reason: _____

Check return form completed and submitted to Prosperity Works

Date: _____ By: _____

Worksheet 2							
<u>A</u> Total Withdrawal (both saver and match check – total sum of B,D,E)	<u>B</u> Savings Partner Portion (include all savings plus interest)	<u>C</u> Savings Partner Interest (only the interest earned on the account)	<u>D</u> Match Portion (no more than \$4k)	<u>E</u> 50% fed/ non-fed	<u>F</u> Match Interest (saver's interest multiplied by 4)	<u>G</u> Withdrawal requested in AFI ²	<u>H</u> Mailed request to CANM
<i>NOTE: It is important to look at what AFI is allowing under the Match Obligation. If the saver did not actually deposit the full \$1,000, then the software has caught that and is not allowing the full \$4,000 to be used as match. If this is the case, stop and figure out what exactly the Saver's portion really should be. You may need to discuss with the saver why they are not receiving a full \$4,000 match.</i>							
\$	\$	\$	\$	50% = \$	\$	Initials & Date	Initials & Date

Section 4 - Completed by the IDA Administrative Manager (PW staff)

Match Interest entered into the Reserve Fund in AFI2	Date _____ Initials: _____
Date Check Issued	A. Sent IDA Coach notice that request was received: Date _____ Initials: _____
Check Numbers	B. Sent IDA Coach notice that check has been requested: Date _____ Initials: _____
Date Check Sent to Vendor	C. Sent IDA Coach 5-day update notice regarding check: Date _____ Initials: _____

IDA Savings Partner Exit Survey -- OPTIONAL

If you would prefer to take this form home and send to our office when complete, please feel free to do so. Prosperity Works: 400 Central Ave SE, #101, Albuquerque NM 87102.

Name (optional): _____

Dates participated in the IDA opportunity: begin:_____ end:_____

Self Assessment – Personal Growth

Looking at yourself now, as compared to when you began the IDA savings and planning opportunity, would you say you are?

	More	Same	Less
Resourceful	_____	_____	_____
In control of spending	_____	_____	_____
Proud of yourself	_____	_____	_____
Able to advocate for yourself	_____	_____	_____
Able to plan for financial needs	_____	_____	_____

Self Assessment – Financial Status

Have your spending habits changed during your participation in the IDA opportunity?

- Yes, for the good Yes, for the worse No change

How satisfied are you with your current financial situation?

- Not satisfied Somewhat satisfied Completely satisfied

How positive does your financial future look?

- Not positive Somewhat positive Completely positive

Do you know where to turn to solve family financial issues?

- Yes No I can get started

Customer Satisfaction

Was your IDA Coach:

	Strongly Agree	Agree	Disagree	No Opinion
Available to you?	_____	_____	_____	_____
Able to guide you through the process?	_____	_____	_____	_____
Caring of your situation?	_____	_____	_____	_____
Encouraging you to create your own solutions?	_____	_____	_____	_____
Comments: _____				

Rank the Resources: Terrific Good Okay Not Great

Financial Education	_____	_____	_____	_____
Purchase plan assistance	_____	_____	_____	_____
Credit rebuilding	_____	_____	_____	_____

What needs were not met? _____

Suggestions for improvement? _____

IDA Savings Partner Testimonial -- OPTIONAL

If you would prefer to take this form home and send to our office when complete, please feel free to do so. CANM: 400 Central Ave SE, #101, Albuquerque NM 87102.

Testimonial – *what message would you like to send to the folks who help fund the matching contribution to your savings, the finance education, and the coaching?*

First Name: _____ **I live in/at:** _____

Products received (check all that apply):

- Financial Education Course 1 on 1 Financial Management Coaching
- Individual Development Savings Account
- Homeownership Planning Education Planning Business Plan assistance
- Other _____

Instructions:

The personal message is meant to be both a thank you to those who have provided funding, as well as an example of how the services have made a positive impact on yourself or your family. Every comment is a "right" comment; this is about your personal experience. **Permission to use your photo? Yes No**

Personal Message:

Photo ID (complete if a photo was taken) so that we can match you with your photo.

Number of people in photo:

Identification – what are you wearing? Color? _____
