



WITHDRAWAL REQUEST FORM

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: _____

Participated in the Suncat Savings Challenge/Urban Institute IDA With CNM

I have participated in the Urban Institute Study research Project. You would have been selected by providing a baseline survey for be on either the part of the study. Which one were you selected for?

Program group _____

Comparison group _____

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 |
|--|--|--|
| <p>It may take between 3 to 4 weeks to receive your match funds. Please plan ahead.</p> <p><i>Please work with your IDA Coach to complete the remainder of this form.</i></p> | <p>My withdrawal is:</p> <p><input type="checkbox"/> voluntary, or</p> <p><input type="checkbox"/> terminated (I was asked to withdraw)</p> <p>State reason for this request:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Please work with your IDA Coach to complete the withdrawal information.</i></p> | <p>I need to withdraw \$_____ from my personal savings at this time due to: _____</p> <p>_____</p> <p>I have worked out the following repayment plan with my IDA coach:</p> <p>\$_____/month for _____ months. Full amount to be repaid by_____ (date) in order to meet my savings goal.</p> |
| <p>For B. and C.: Total personal savings needed at this time:</p> | <p>\$_____</p> | <p>Go to Page 4—IDA Saver Authorizations</p> |

If you are completely cashing out your account (full purchase, withdrawal from the program, or being asked to leave the program), please complete the exit survey to help us improve our services.



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Section 2 – 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 by which the IDA funds need to be available? No Yes – date: _____

If yes, state the reason (i.e., closing on a 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** (there will be funds remaining).

Worksheet 1

| Total Withdrawal (both saver and match checks) | Step 1: Enter the (A) saver amount, plus (B) saver interest, plus the (C) match amount that (savings x 4 or 8), plus (D) the match interest. Step 2: Figure out total withdrawal. | (A) My Personal Savings Portion | (B) Amount of Savings Interest Earned | (C) Match Portion | (D) Match Interest |
|---|---|------------------------------------|--|----------------------|--------------------|
| \$ | | \$ | \$ | \$ | \$ |

Purchase Verifications; Have you attached copies of purchase documents listed below?

- Business = Verification of business license
- Verification of business bank account
- Copy of signed business plan check list
- Verification of deposit into Business account
- Home = HUD-1 Settlement Statement or Truth in Lending Disclosure
- Updated address information for new residence: _____
- Copy of mortgage (**sent to the IDA Coach as soon as closing documents are signed**)
- Education = Invoice from educational 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 Saver's Signature)



WITHDRAWAL REQUEST FORM

IDA QUALIFIED WITHDRAWAL NOTICE TO PARTICIPATING FINANCIAL INSTITUTION IDA Saver Authorization

Part A. Authorization for 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 to be drawn from my IDA savings account 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 Saver Name clearly

IDA Sub Grantee Organization's Name

Signature of IDA Savings Partner

Date:

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

Signature

Date

Disbursement from Financial Institution:

IDA Savings Account #:

| | |
|--------------------------------------|-----------------|
| Cashier's check in the amount of: \$ | |
| Cashier's check payable to: | |
| Address: | Unit #: |
| City: | State: Zip: |
| Phone: | Vendor Contact: |

Check(s) to be mailed to the address below, with a copy faxed to 505-200-0456:

| | |
|----------|-----------------|
| Agency: | |
| Address: | Unit #: |
| City: | State: Zip: |
| Phone: | IDA Coach Name: |

Custodial Authorizations

To be completed by an authorized signer for 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, I 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 of Authorized PW Representative

Date



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Please complete the following form as to how it relates to you currently at the end of your IDA program. These questions will be familiar, since you have answered them at enrollment. Thank you for assisting us in maintaining a great program.

| <u>Topic</u> | <u>Data</u> | |
|--------------------------------------|---|--|
| <u>Educational Attainment</u> | <u>Completed grades K-5</u> | |
| | <u>Completed grades 6-8</u> | |
| | <u>Completed grades 9-11</u> | |
| | <u>High School Diploma/GED</u> | |
| | <u>Vocational School Diploma/GED</u> | |
| | <u>Some College</u> | |
| | <u>AA Degree/Graduated two – year college</u> | |
| | <u>BA/BS Degree/Graduated four – year college</u> | |
| | <u>Some Graduate School</u> | |
| | <u>Graduate Degree</u> | |
| | <u>Declined to ID</u> | |
| <u>Home Ownership</u> | <u>Own a House</u> | |
| | <u>Does Not Own a Home</u> | |
| | <u>Declined to ID</u> | |
| <u>Business Ownership</u> | <u>Own a Business</u> | |
| | <u>Does not own Business</u> | |
| | <u>Declined to ID</u> | |
| <u>TANF Recipient</u> | <u>Current TANF Recipient</u> | |
| | <u>Not a current TANF Recipient</u> | |
| | <u>Declined to ID</u> | |



WITHDRAWAL REQUEST FORM

IDA Savings Partner Exit Survey

If you would prefer to take this form home and send it to our office when complete, please feel free to do so: Prosperity Works, 909 Copper, NW, Albuquerque, NM 87102

Name (optional): _____

Dates of IDA opportunity participation: Begin: _____ End: _____

Self-Assessment – Personal Growth

Looking at yourself now, compared to when you began the IDA savings opportunity, would you say, you are:

| | <u>More</u> | <u>Same</u> | <u>Less</u> |
|----------------------------------|-------------|-------------|-------------|
| 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?

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

Rank the resources:

| | <u>Terrific</u> | <u>Good</u> | <u>Okay</u> | <u>Not Great</u> |
|--------------------------|-----------------|-------------|-------------|------------------|
| Financial education | _____ | _____ | _____ | _____ |
| Purchase plan assistance | _____ | _____ | _____ | _____ |
| Credit rebuilding | _____ | _____ | _____ | _____ |

What needs were not met? _____

Suggestions for improvement:



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IDA Savings Partner Testimonial

If you would prefer to take this form home and send it to our office when completed, please feel free to do so: Prosperity Works, 909 Copper, NW, Albuquerque, NM 87102

Testimonial: *What message would you like to send to the folks who help fund the matching contribution to your savings, the financial education, and the coaching?*

First Name (last name optional): _____

I live in/at: _____

I received my IDA 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 a thank you to those who have provided funding, as well as an example of how the services have made a positive impact on you and 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 the photo: _____ Which one are you? _____

Identification – what are you wearing? _____

Color? _____