

IDA Account Close-Out Form

ORGANIZATION NAME: _____

AWARD NUMBER: IDA- _____

IDA PARTICIPANT NAME: _____

FINANCIAL INSTITUTION NAME: _____

Savings Account # _____ Match # _____

Account Closing:		
Graduated	Reassigned	Non-Graduated
<i>Type of Non-Graduated</i>		
Voluntarily Closed	Moved out of State	Terminated (non-compliance)
Abandoned (no activity)	Other: _____	
Notes: <i>(Provide general close-out description)</i>		

Is Supporting Documentation Attached?	Yes	No
Amount Returned to Participant	Amount of Match Returned to IHCDA	
Savings: _____	Total Used: \$ _____	
Interest: _____	Total Returned: \$ _____	
Total Returned: _____	Claim # # _____	

Non-Graduated

I understand that closing my IDA account forfeits my ability to use any remaining matching funds and that I am also excluded from future participation in Indiana's IDA program. My savings are being returned to me and any matching funds are being returned to IHCDA.

Participant Signature

Date

IDA Administrator Signature

Date

Graduated

I understand that I have met all the program requirements by making an asset purchase. I am settling all accounts to remove myself from the program in good standing. I will receive any unused savings from my account and any matching funds are being returned to IHCDA. I understand that I am excluded from future participation in Indiana's IDA program.

Participant Signature

Date

IDA Administrator Signature

Date