

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

Type of Non-Graduated

Voluntarily Closed

Moved out of State

Terminated (non-compliance)

Abandoned (no activity)

Other: _____

Notes: _____
(Provide general close-out description)

Is Supporting Documentation Attached? Yes No

Amount Returned to Participant

Savings: _____

Interest: _____

Total Returned: _____

Amount of Match Returned to IHCD

Total Used: \$ _____

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 IHCD.

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 IHCD. I understand that I am excluded from future participation in Indiana's IDA program.

Participant Signature

Date

IDA Administrator Signature

Date