

# IDA Asset Purchase Withdrawal Form

**Request:**

- ☐ Approved  
☐ Denied  
☐ Pending

**ORGANIZATION NAME:** \_\_\_\_\_

**AWARD NUMBER:** IDA- \_\_\_\_\_

**FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

**IDA PARTICIPANT NAME:** \_\_\_\_\_

**Savings Account #** \_\_\_\_\_ **Match #** \_\_\_\_\_

**Purchase Type (check all that apply):**

Business	Job Training / Education	Primary Residence/Home
Motor Vehicle	Owner-Occupied Repair	Over \$1,500 withdrawal (SAVINGS ONLY)
Re-Assignment ROF	Initial Purchase	Emergency (SAVINGS ONLY)

**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: Purchase Total / X + 1 = Part. Savings*

*To calculate match amount: Participant Savings \* X = 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 OR a withdrawal of funds saved over \$1,500. In those cases, ONLY savings funds may be used, not match.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IDA Administrator Signature

\_\_\_\_\_  
Date