

Request:
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied

Request for Emergency Withdrawal

IDA Participant Information

Participant SSN: _____ Participant Account #: _____

Participant Name (Last, First): _____

Reason for Request: (please attach documentation as available)

- Medical care expenses
- Rent or mortgage payments to avoid eviction or foreclosure
- Necessary living expenses after loss of employment
- Paying of debt
Please specify: _____
- Other _____

Current Account Balance:	\$ _____
Amount of Emergency Withdrawal	\$ _____
Ending Balance:	\$ _____
Date Funds are Needed:	___ / ___ / _____

I acknowledge that the information stated on this form is accurate and truthful. I understand this is a temporary action and that I cannot receive match funds for any funds withdrawn at this time. I am choosing to keep my account active with the understanding that I must resume making regular deposits within less than six (6) months and redeposit emergency funds withdrawn within 12 months or I will be terminated from the program. Furthermore, I understand that upon approval of this request, I must consult with my IDA Administrator to work out a repayment plan. Finally, I understand that, upon notification, the terms of this agreement may be altered at the discretion of my IDA Administrator.

Participant Signature

Date

IDA Administrator

Date

Repayment Plan Schedule	
Repayment Date Deadline:	_____
Repayment Deposit Option	<input type="checkbox"/> Weekly Payments <input type="checkbox"/> Bi-Weekly Payments <input type="checkbox"/> Monthly Payments <input type="checkbox"/> Quarterly Payments <input type="checkbox"/> Other _____
Regular Schedule Amount:	\$ _____ Participants Initials: _____