

AGENCY's Individual Development Account Program (IDA)

Changing Goals & Amounts Form

Date of Enrollment: ___/___/___

Applicant's Name: _____

Previous Savings Goals

Please check one below:

- Home ownership
- Microenterprise Capitalization
- Education
- Vehicle

Current Savings Goals

Please check one below:

- Home ownership
- Microenterprise Capitalization
- Education
- Vehicle

Reason for changing Goal:

Effected Date: ___/___/___

Previous Monthly Savings Amounts

Please check one below:

- \$50.00 \$60.00
- \$100.00 \$200.00

Current Monthly Savings Amounts

Please check one below:

- \$50.00 \$60.00
- \$100.00 \$200.00

Reason for changing Amount:

Effected Date: ___/___/___

Staff Person Signature _____