

AGENCY'S Individual Development Account Program (IDA)

EMERGENCY WITHDRAWAL REQUEST FORM

Personal Information

Name: _____

Savings History & Status

Date Started in Program: _____ Current IDA Balance: \$ _____

Last IDA Deposit – Date: _____ Total Amount in IDA: \$ _____

Information about Your Emergency

Please explain why you want to take a withdrawal from your IDA: _____

How will this withdrawal affect your long-term saving (will you be able to continue and when)?

Applicant Certification

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only

Site ID: _____ Program ID: _____

Date received: ___/___/___ By: _____ Met with participant on: ___/___/___

Outcome: _____
