

Agency Name, Program Name

PARTICIPANT MATCHED WITHDRAWAL FORM

This form should be completed whenever a participant requests approval for a withdrawal.

Date _____ Program Officer _____

Program Id: _____ Site Id: _____

Participant Id: _____

Participant first name: _____

Participant last name: _____

Required document checklist:

Approved Business Plan.

Business start-up or
Business expansion

Signature of individual/agency that approved business plan:

_____ Date _____

PROGRAM NAME signature approving business plan:

_____ Date _____

Detail of items to purchase and costs (attached or listed below)

Item 1 _____ Cost \$ _____ Vendor: _____

Item 2 _____ Cost \$ _____ Vendor: _____

Item 3 _____ Cost \$ _____ Vendor: _____

Item 4. _____ Cost \$ _____ Vendor: _____

Item 5 _____ Cost \$ _____ Vendor: _____

Item 6 _____ Cost \$ _____ Vendor: _____

Item 7 _____ Cost \$ _____ Vendor: _____

Intended uses of withdrawal: _____

Vendor name(s): _____

Address: _____

Phone: (_____) _____

Withdrawal date: _____

Participant check amount: \$ _____

Agency Check Amount: \$ _____

Agency Check Number: _____

Loan Company (if applicable): _____

Loan Amount: \$ _____

Total Participant savings used: \$ _____

Total Match funds used: \$ _____

Total Value of the Asset Purchased: \$ _____

Date Participant received Match Funds Check for Vendor \$: _____

Date Participant closed IDA \$: _____

Date Program Officer enters successful withdrawal status into MIS: _____