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:

- ☐ **Kelly Blue Book Value _____**
- ☐ **CarFax Report _____**
- ☐ **Participant's statement of need for employment and/or education**
- ☐ **Current driver's license Number _____**
- ☐ **Current auto insurance on the vehicle**
- ☐ **Purchase contract**
- ☐ **For purchases that require financing, copy of loan application and loan approval letter**

Vendor name:_____

Address:_____

Phone: (_____)_____

Withdrawal date:_____

Participant check amount: $_____

Agency Check Amount: $_____

Agency Check Number:_____

Loan Amount (If applicable): $_____

Lending Institution Name:_____

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:_____

Documents Required after car purchase:

- **Copy of the Certificate of Title** (if paid in full) or
- **Copy of Certificate of Registration** (if vehicle was financed)
- **Bill of Sale/Title** (When vehicle is being purchased from a private individual, the participant can provide a copy of the title from the seller for the file.)