

Warm Springs Community IDA
Make Your Money Work Savings Plan

Emergency Withdrawal Request Form

Personal Information

Name: _____ Social Sec. No.: ____ - ____ - ____
Street: _____ Apt #: _____
City: _____ State: ____ Zip Code: _____
Home Phone: (____)_____ Work Phone: (____)_____ Cell phone: (____)_____

Savings History & Status

Date Started in Program: _____ Current IDA Balance: \$ _____
Last IDA Deposit - Date: _____ Amount: \$ _____

Information about Your Emergency

Which of the following is the reason for your emergency withdrawal?
Medical Expenses To avoid eviction
Necessary living expenses due to loss of employment Other

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

How much are you planning to withdraw? \$ _____

If you didn't have IDA savings, how would you handle your emergency? _____

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

Note: until reimbursement is made in full, you will not be able to make a matched withdrawal.
Redeposits must be made within 12 months.

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

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

Outcome: _____
