

# Warm Springs Community IDA

## Make Your Money Work Savings Plan

### Qualified IDA Withdrawal: Notice to Financial Institution Partner

The *Make Your Money Work Savings Plan* participant listed below has been approved to make a qualified withdrawal from his or her *Make Your Money Work Savings Plan* IDA savings account in order to purchase his or her asset goal. Please issue a vendor cashier's check in accordance with the information listed on this form.

#### Participant Information

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Check Information

Cashier's check payable to: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please withdraw funds from the following accounts:

Account No. \_\_\_\_\_ (participant's IDA savings account) \$ \_\_\_\_\_

Account No. \_\_\_\_\_ (*Make Your Money Work Savings Plan* match funds account) + \$ \_\_\_\_\_

Total check amount: \_\_\_\_\_ = \$ \_\_\_\_\_

- Please:  prepare check for pickup by \_\_\_\_\_ on \_\_\_\_\_
- mail check to: *Warm Springs Community Action Team*, in care of *IDA Program Manager*, Box 1419, Warm Springs, OR 97761
- mail check to vendor at address above
- transfer funds into WSCAT General Operating Account (Credit Card purchases through WSCAT)
- transfer funds into a business bank account (with one-year waiver on account fees)

#### Authorization

As a participant in *Make Your Money Work Savings Plan*, I authorize *Columbia River Bank* to prepare a cashier's check to the party listed above drawn in part from my IDA savings account in the amount listed above.

\_\_\_\_\_  
IDA participant signature

\_\_\_\_\_  
date

As an authorized representative of *Warm Springs Community Action Team*, I authorize *Columbia River Bank* to prepare a cashier's check to the party listed above drawn from *Warm Springs Community IDA Program* match funds and the IDA savings accounts listed above, on which *Warm Springs Community Action Team* is a joint owner.

\_\_\_\_\_  
Authorized WSCAT representative signature

\_\_\_\_\_  
date

Warm Springs Community Action Team Box 1419, Warm Springs, OR 97761  
Phone (541) 553-3148 Fax: (541) 553-1246

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## Make Your Money Work Savings Plan

### Qualified IDA Withdrawal Request

#### Purchase Information

What is your asset goal?  Home purchase  Home repair  Small business  
 Education  Vehicle  Assistive technology

Please indicate whether you have:

-graduated from personal finance / money management training:  Yes  No  
-completed asset-specific education (home / business / education / vehicle):  Yes  No  
-met individually with program or partner staff about your asset purchase:  Yes  No

Please describe in detail what you plan to purchase with your IDA funds (i.e., a fax machine for your business, the cost of a home purchase inspection, tuition for school, etc.):

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Have you attached copies of:

- purchase documents (i.e. estimates, work orders, tuition bills)
- Your written small business plan, home purchase strategy, home renovation plan, education or vehicle asset/training plan

#### 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. The Oregon IDA Match funds I am requesting will be used as stated in this request. I understand that any intentional misrepresentation or spending for other purposes may result in my becoming ineligible to continue in the program or access the IDA resources in the future. In addition, I understand that it may take up to ten business days for fill my qualified withdrawal request and cut a vendor check.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Withdrawal:  IDA dollar amounts verified  
 Approved  Denied Date: \_\_\_\_\_ By: \_\_\_\_\_  
Check requested: Date: \_\_\_\_\_ By: \_\_\_\_\_  
Check issued/received: Date: \_\_\_\_\_

Funding source(s)(Up to two sources): \_\_\_\_\_ / \_\_\_\_\_

WSCAT G/L code, account number, and amount (Up to two codes):

Required: 1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Code Account # \$ Amount

As needed: 2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Code Account # \$ Amount

ORIDA codes: (ORIDA17=OR-17-OR; ORIDA18=OR-18-OR, ORIDA19=OR-19-OR)\*

\*Note: clients should be placed in the oldest grant year open any time they make a withdrawal.

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