

Warm Springs Community IDA

Make Your Money Work Savings Plan

Enrollment Certification

The information, including income and net worth information, I have provided in this application is current, complete, and correct to the best of my knowledge. I understand that any intentional misrepresentation may result in my becoming ineligible to continue in the program.

Oregon IDA Initiative Privacy Statement and Terms of Use

Neighborhood Partnerships is the non-profit administrator of the Oregon Individual Development Account (IDA) Initiative. We collect personal information to monitor that IDA programs are run according to State law. We also collect personal information to learn how the programs are working. This is important so that others might benefit from IDA programs. For savers who open an IDA, Neighborhood Partnerships collects the following information (“Personal Information”) that you give to your IDA provider:

- Name, address, date of birth
- Amount of income, assets, and debts
- The number of adults and children in your household
- Documents to verify your income and Oregon residency, such as copies of drivers’ licenses, pay stubs, benefits information, and bank statements
- Demographic information reported on your application including race, gender, veteran status
- Amount of your IDA deposits and withdrawals
- Information you provide in response to survey questions about your financial confidence and habits
- When applicable, information you provide on an exit survey about your IDA-related home purchase or business

Neighborhood Partnerships keeps your Personal Information for as long as necessary to fulfill the purpose(s) for which it was collected and to comply with applicable laws. Neighborhood Partnerships uses your Personal Information for these purposes even after you close your IDA. Neighborhood Partnerships takes commercially reasonable steps to help protect and secure Personal Information, including storing this information in a password-protected database and on password-protected computers, and educating employees on the importance of storing data securely. However, no information can be guaranteed to be 100% secure.

Neighborhood Partnerships publishes reports and other promotional materials on the outcomes of the program. We will not use your name or report your Personal Information in such a way that you could be identified. All published reports and materials are available at the Oregon IDA Initiative website located at www.oregonidainitiative.org, or upon request.

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Your IDA provider may collect other information related to other services they provide. Please refer to the policies of your IDA provider to understand how they store and use your information. Neighborhood Partnerships shares your data with third party nonprofit organizations. This data is shared to help us report on the combined effectiveness of IDAs.

The Oregon IDA Initiative is a program of the state of Oregon. The State may have rights to access or disclose your data, within applicable laws. It may also use your data to promote the Oregon IDA Initiative, and to better understand how other state-funded programs benefit IDA savers. The State has policies around how they use and protect data.

Neighborhood Partnerships is committed to the responsible management, use and protection of Personal Information. As our needs for data and reporting change, this Privacy Statement and Terms of Use (the "Terms") may be updated at any time. A current copy of the Terms is available on the Oregon IDA Initiative website at: www.oregonidainitiative.org/privacy. We will not, however, use your Personal Information in a manner materially different than what was stated in this policy unless we receive your consent.

I/we have read and understand the Terms stated above, and understand that accepting them is necessary to participation in the IDA Initiative matched savings program:

Matched Withdrawal Agreement

I agree that when completing my matched withdrawal, all the information provided on the withdrawal request form will be accurate and complete to the best of my knowledge. The Oregon IDA Match funds I am requesting will be used as stated in my 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 to fill my qualified withdrawal request and cut a vendor check.

I/we have read and understand the Enrollment Information, the Oregon IDA Initiative Privacy Statement and Terms of Use, and the Matched Withdrawal Agreement and understand that accepting them is necessary for participation in the IDA Initiative matched savings program.

Applicant Signature:* _____

Applicant Name (print): _____ Date: _____

Applicant's Parent/Guardian Signature (if under 18):* _____

Applicant's Parent/Guardian Name (print) (if under 18): _____ Date: _____

***Note: this page cannot be signed electronically. Please reach out if you need other signing options.**

Warm Springs Community Action Team
PO Box 1419, Warm Springs, OR 97761

Phone: (541) 553-3148
Fax: (541) 553-1246

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Savings Plan Agreement

The Agreement, between *Warm Springs Community Action Team* (WSCAT) and IDA program participant listed at the bottom of this agreement (“the Participant”), details responsibilities of both parties in connection with the *Make Your Money Work Savings Plan* (“MYMW”).

1. **IDA Participant Name:** _____

2. **Intended Asset Savings Goal:** I am participating in the MYMW Savings Plan in order to save towards a qualified asset, please indicate only one below (two if Debt Repayment is part of your goal).

- | | |
|---|---|
| <input type="checkbox"/> Homeownership | <input type="checkbox"/> Home Renovation |
| <input type="checkbox"/> Small Business Start-up or Expansion | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Post-secondary education | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Debt Repayment |

Describe the asset you would like to purchase?

How will it help you become more financially secure?

Matched Emergency Withdrawal: You may use a portion of your savings and match to cover personal financial emergencies while continuing to save for your original asset goal. The amount is limited and will be taken from the total match allocated to you, leaving less available for your asset purchase. If an emergency arises during your savings period, reach out to program staff for further information, if this is something you are considering. If using this option, you may be required to meet with a financial counselor to develop a budget.

3. **IDA savings to be utilized:**

How much do you plan to use for your IDA savings? Include your deposits and matching funds. Note: most IDAs through WSCAT allow you to save \$1,200 and receive \$6,000, allowing for \$7,200 total towards your asset) \$ _____

Additional Comments:

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Why are you interested in saving for this goal?

How will you set aside \$25 or more to save each month?

Do you plan to do lump sum or other types of deposits to meet your savings goal more quickly? If so, what/when?

What do you think will be the greatest savings challenge for you?

Would anything keep you from attending meetings or workshops (childcare, transportation, work schedule, etc.)? _____

What is the best time for you to attend classes (weekends, evenings, etc.)?

My initials certify that I agree to use my accumulated IDA savings and match funds for the asset goal indicated on the form. I understand that if I wish to change my asset goals, I must discuss the change with a member of *Making Your Money Work Savings Plan* staff and receive prior approval. I understand that WSCAT staff have the right to deny my change of asset request, as certain asset classes have specific program requirements. Initials: _____

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4. *Proposed Schedule of Savings Deposits to the IDA:*

As an IDA client, you are required to deposit a minimum of \$25 into your account each month, unless otherwise stated here. To reach your maximum savings during the savings period, you will (in most cases) need to deposit \$200 per month. Please explain below what your savings plan is, including how long you plan to save, how much you will deposit each month, and when/how you will make the deposit. If you would like a reminder, please also include how you would like to be contacted.

I plan to save for _____ months.

I agree to deposit _____ each month.

I agree to make a deposit on (e.g. after I get paid, first of the month, etc.) _____

I would like to be contacted for deposit/appointment reminder by (check all that apply)

Phone Text Email

Circle payment deposit method: Self Payroll Deduction Other _____

Additional explanation (if necessary):

5. *Program requirements for participation:*

- a. Attend Financial Literacy Training sessions
- b. Attend Asset Specific Education classes and counseling pertaining to the participant's savings goal
- c. Meet regularly with an IDA program staff member
- d. Meet with a financial counselor, as necessary, to pull credit reports and address financial concerns
- e. Business clients: turn in an approved business plan
- f. Notify staff of any changes to your personal information, such as phone number or email

6. *IDA Account to be opened at:*

Columbia Bank

624 SW Fourth St, Madras, OR

Contact Person

Amanda Collver 541-923-8119

Bank Hours

Monday-Thursday 10:00-5:00

Friday 10:00-6:00

Drive-up opens at 8:30

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7. **Account Structure:** Warm Springs Community Action Team has worked with Columbia Bank to establish Individual Development Accounts in accordance with the requirements of the IDA Initiative. The IDA account will be governed by this understanding:
- ✓ Designate Warm Springs Community Action Team as the MYMW program administrator.
 - ✓ Deposits into the account as agreed upon in your savings plan. Deposits can be made outside of bank hours using the drive-up window at Columbia Bank, through Payroll deductions, or (in some cases) through account transfers over the phone.
 - ✓ Assets of the IDA account will be invested in the Savings Goal/Qualified Expense in accordance with the direction of the Participant after consultation with Project Staff.
 - ✓ The assets of the IDA account will not be commingled with other property except that the program shall hold matching funds in a separate bank account.
8. **IDA Account Withdrawal:** Withdrawals of funds from the IDA account cannot be made for any purpose until 3 months for matched emergency withdrawals or 6 months for any other withdrawal after the date on which the Participant first deposits funds into the IDA account. The unauthorized withdrawal of any funds from their IDA account by the participant prior to 3 or 6 months from the date of initial deposit shall constitute the Participant's withdrawal and exit of the client's participation in the IDA program. All withdrawals from the IDA account require written authorization of both the Participant and WSCAT staff. Withdrawals are limited to one or more Qualified Expenses or for an Emergency Withdrawal.

Qualified Expenses: First- time home purchase, post-secondary education, business start-up or expansion, assistive technology purchase, vehicle purchase, home renovation, rental, or debt repayment. At the time the Participant reaches their goals as agreed to in the Savings Plan agreement.

Emergency Withdrawals: The withdrawal of a Participant's IDA savings is allowed, upon request, with no penalty. Any unmatched emergency withdrawal may only be of those funds or a portion of those funds the Participant has deposited. The Participant is not required to re-deposit the amount that they withdrew before making a matched withdrawal. However, the available match is based on the savings that is in the account at the time of a matched withdrawal request.

It is expected that the Participant re-deposit their funds or makes some progress towards their savings goal, in order to stay in the program. Participants should consult with WSCAT staff to adjust their savings timeline, or continue within the guidelines of the original savings plan.

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Matched Emergency Withdrawals: You may be able to use a portion of your savings and match to cover personal financial emergencies while continuing to save for your original asset goal. The amount is limited and will be taken from the total match allocated to you, leaving less available for your asset purchase.

Other Withdrawals – Voluntary Exit: Should the Participant decide to terminate their participation in the program, they must submit their request in writing to WSCAT. WSCAT will send this written request to Columbia Bank and terminate any financial statement requests. The Participant understands that if they terminate prior to the end of the savings period, they forfeit any match from the pooled parallel account.

9. ***Provision of Match for Qualifying Expenses:*** Warm Springs Community Action Team will provide match funds from the pooled parallel account only for the purpose of one of the qualifying expenses and payable to the vendor. Typically, matching funds will not be paid directly to the Participant, except in rare cases, such as pre-approved reimbursements, that warrant direct pay.
10. ***Evaluation:*** The IDA Participant agrees to assist in its evaluation by responding to periodic questionnaires sent by Warm Springs Community Action Team to measure changes due to this program. This information is confidential and name and personal information will be withheld from any reports on this information.
11. ***Involuntary exit from Program:*** The IDA Participant understands that if they fail to make two deposits in a row, they may be contacted first by phone and then by mail and/or email. Failure to respond to these contact attempts will result in exit from the program. If the Participant does not respond to WSCAT's contact attempts, the Participant will receive a formal letter of involuntary exit, which they have **30 days to APPEAL**. If the Participant chooses to respond, WSCAT will work with the Participant to decide if continued participation is possible. In some cases, missed deposit exceptions can be made; however, they are not guaranteed and can only be given if the Participant responds to contact attempts made by WSCAT.
12. ***Garnishments:*** WSCAT has no legal standing in garnishments. If garnishment is requested from your IDA account, we will have to comply. After the first incident, WSCAT will talk to the client. If garnishment occurs again and it is impeding the client's ability to save, WSCAT may require the client to exit the program. 30 days' notice will be given before account closure.
13. ***Beneficiary Designation:*** In the event of my death, I designate the person listed below as my beneficiary to receive all the assets in my Individual Development Account (IDA) and I authorize the WSCAT Staff and Columbia Bank holding my IDA to initiate and complete a transfer of my IDA assets to the control of my beneficiary. I understand that my beneficiary can be entered into the program in my place upon IDA staff determining their eligibility.

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<p>Beneficiary Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: (_____) _____ - _____</p> <p>Relationship to Participant: _____</p>
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This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to the WSCAT Staff of a change in my beneficiary designation.

14. **Savings Plan Agreement Amendments:** The IDA Participant may from time to time make proposed amendments to this agreement for consideration and possible approval by the IDA Program Staff.
15. **Grant Funded Program:** The Participant understands that the IDA program is funded through grants (outside organizations who give WSCAT match money and other support). As a result, the program terms and conditions may be modified at any time due to factors outside of WSCAT control.
16. **Credit Counseling:** The Participant understands that during the savings process they may receive credit counseling, including a one-hour session with a credit counselor prior to opening their account. Upon enrollment, the Participant will be presented with options and will ultimately choose if/how they would like to address any credit concerns. Often with credit there is no right or wrong answer and there is no guarantee the Participant's credit score will remain the same or increase.

Acknowledgement

I hereby acknowledge that I have read the entire content of the MYMW Savings Plan Agreement and that I agree to abide by and adhere to the provisions contained in the manual, and that I accept the scope and limitations of my rights as defined in the Policy & Procedure Manual.

X _____
Participant's Signature

Date

X _____
Parent/Guardian Signature (if under 18)

Date

X _____
MYMW Program Staff Signature

Date

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Credit Report Authorization (if 18 or older)

I hereby authorize and instruct the Warm Springs Community Action Team (WSCAT) to obtain and review my credit report, a soft inquiry, which will not affect my credit score negatively. My credit report will be obtained from a credit reporting agency chosen by WSCAT. This information will not affect my eligibility from WSCAT's IDA Program or any other programs operated by WSCAT.

I understand that WSCAT provides this credit counseling service for the benefit of Warm Springs tribal and community members.

I also authorize WSCAT to use my credit report results, in summary format, for the purpose of evaluating its IDA Program.

Applicant's Name (printed): _____

Applicant's Signature: _____ Date: _____

Privacy Disclosure (if 18 or older)

I understand that information on my credit report and any information I submit to WSCAT will be kept confidential. The information collected will only be used for credit counseling, action plan formulation, and reporting on goals accomplished by the Warm Springs Community Action Team. All information, both verbal and in writing, can only be used for official business and will never be shared with anyone who does not work for the Warm Springs Community Action Team or our funding agencies, if necessary.

Applicant's Name (printed): _____

Applicant's Signature: _____ Date: _____

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Photo Release Form (Optional)

I, _____, give authorization to the Warm Springs Community Action Team (WSCAT), to use my WSCAT-project related photo(s) in support of WSCAT programs and activities in support of Confederated Tribes of Warm Springs Tribal and community members. I authorize Warm Springs Community Action Team to use and publish any photos in print and/or electronically.

Signature

Date

Signature of Parent/Guardian (if under 18)

Date

Description of photos: _____

Location: _____

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Participant Financial Institution Release Form

Participant Information

Name: _____ Social Sec. #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Financial institution holding IDA: Columbia Bank, 624 SW Fourth St, Madras, OR 97761

IDA savings account number: _____

Applicant Certification

I am a participant in **Make Your Money Work Savings Plan** and have opened, or will open, an Individual Development Account (IDA) savings account at the designated financial institution listed above. I hereby authorize this designated financial institution to release any and all information about my IDA (account number listed above) to **Make Your Money Work Savings Plan**.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____