

Opportunity Passport™
Qualified IDA Withdrawal Request Form

Personal Information

Name: _____ Identification No.: _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
E-mail Address _____

Purchase Information

- What is your IDA asset goal?
- | | |
|---|---|
| <input type="checkbox"/> Housing down payment/rent deposit | <input type="checkbox"/> Education/training cost |
| <input type="checkbox"/> Medical/Dental/Health Cost | <input type="checkbox"/> Car/purchase or licensing |
| <input type="checkbox"/> Insurance (life, renter's, health, cost) | <input type="checkbox"/> Investment (stocks, 401(k), IRA) |
| <input type="checkbox"/> Microenterprise | |

Please describe in detail what you plan to purchase with your IDA funds (i.e., apartment down payment, automobile, tuition for school, etc.):

Payment Information

To whom should your purchase check be made out (the vendor selling the asset you are buying)?

Name: _____ Phone Number: (____) _____
Street: _____
City: _____ State: _____ Zip Code: _____
Federal Identification Number: _____

Amount from your IDA savings: \$ _____
Amount from your IDA match: + \$ _____
Other funds or resources: + \$ _____

Total cost of your asset purchase: = \$ _____
Have you attached copies of purchase documents? Yes No

List the documents attached: _____

Examples of documentation include: copy of a written estimate, rent bill, tuition bill, bill from a medical provider, insurance policy with the associated cost, stock certificate, etc.

Your vendor check is mailed directly to the vendor at the address indicated above. Is there a reason why the check should not be mailed directly to the vendor? Yes No

Please explain why this is necessary: _____

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. In addition, I understand that it may take up to 7 business days to fill my qualified withdrawal request and cut a vendor check.

Signature: _____ Date: _____

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I certify the information on this form is accurate and complete.

Signature: _____ Date: _____

Relationship to Participant: _____

For Office Use Only

Date received: _____

Form reviewed by: _____ Form Complete IDA dollar amounts verified

Withdrawal: Approved Denied

Date: _____ By: _____

Check requested: Date: _____ By: _____

Check issued / received: Date: _____