

The ASPIRE Initiative - Opportunity Passport™

Qualified IDA Withdrawal Request Form

Personal Information

Name: _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____
E-mail Address _____
IDA Match Savings Account Number: _____
Current Balance: _____

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 (small business) | |

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: _____
Account Number: _____ (if necessary)

Amount from your IDA savings:		\$ _____
Amount from your IDA match:	+	\$ _____
Any left over:	+	\$ _____
Total cost of your asset purchase:	=	\$ _____

Have you attached copies of purchase documents? Yes No

(bill of sale, receipts, quotes, bills, copy of account statement)

List the documents attached: _____

Your check is usually mailed directly to the person or business you are buying your asset from.

Please tell me if you would rather it be mailed directly to you or if you are going to be picking it up (55 South Brow St. East Providence, RI 02914)

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 5 business days to fill my qualified withdrawal request and cut a vendor check.**

Print Name: _____

Signature: _____

Date: _____