

Foundation Communities' IDA Matched Savings Program

Qualified IDA Withdrawal Request Form

Business Expenses

Personal Information

Name: _____ Account number: _____

Address: _____

Email: _____ Phone: _____ Alternate: _____

Purchase Information

Please describe in detail what you plan to purchase with your IDA funds (i.e., start up inventory, supplies, equipment, etc.):

Payment Information

To whom should your purchase check be made out to?

Name: _____ Phone : _____

Address: _____

Amount from your IDA savings: \$ _____

Amount from your IDA match: + \$ _____

Other funds or resources: + \$ _____

Total amount of check to be issued: = \$ _____

Have you attached copies of:

invoice from vendor

After your qualified withdrawal vendor check is cut:

mail directly to the vendor at the address indicated above.

mail directly to your mailing address.

leave at the IDA Program office and arrange pick-up

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

Signature: _____ Date: _____

For Office Use Only

Date received: _____ Date due: _____ Check received: _____ Check mailed/picked up: _____

Withdrawal approved by: _____

Julian Huerta, Resident Services Director

Karen Lyons Serna, IDA Program Coordinator