

Foundation Communities' IDA Matched Savings Program
Emergency Withdrawal Request Form

Personal Information

Name: _____ Account # _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____

Information about Your Emergency

Please explain you want to take a withdrawal from your IDA: _____

How much are you planning to withdraw? \$ _____

What is your plan to repay the withdrawal in the next twelve months? For example, you will add \$10 to your monthly deposits, you will make a lump sum deposit, etc.

Applicant Certification

I understand that emergency withdrawals may only be approved when:

- They are to be used to prevent the eviction of a participant or a participant's family from their residence
- They are to be used for critical health care services for a participant or a participant's family member
- They are to be used for critical living expenses which follow a participant's loss of employment

I understand that I have alternative choice to my emergency withdrawal:

- I may make do without the emergency withdrawal and continue participation in the IDA program
- I may withdraw from the program and receive a full refund of all my personal deposits and interest, but jeopardize any possibility of future program participation.

I further understand that in order to reclaim the corresponding matching funds, I must redeposit my withdrawal within 12 months.

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Return completed form to:

Foundation Communities, 3036 South First Street, Suite 200, Austin, TX 78704

You may fax the form to: 512-447-0288

For questions, call Karen Lyons Serna at Foundation Communities at 512-610-4022