

**United Way of Southeastern Pennsylvania  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program**

**IDA APPLICATION CHECKLIST**

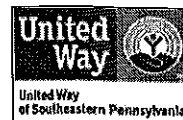
**Please complete all forms in this IDA Application Packet  
and bring it with you to your application session.  
(The last several forms only require that you read and sign them.)**

- Form #1: IDA Application Form**
- Form #2: Participant Goal Statement**
- Form #3: Eligibility Worksheet (to be completed by enrollment counselor)*
- Form #4: Participant Letter of Agreement**
- Form #5: Schedule of Savings**
- Form #6: Financial Institution Release**
- Form #7: Beneficiary Designation**
- Form #8: Release of Liability**
- Form #9: Program Evaluation Release**
- Form #10: Emergency Withdrawal Policy**
- Form #11: Qualified Withdrawal Policy**

**Please also remember to bring these documents to your application session:**

- Your Current Driver's License or State Issued Identification Card**
- The most recent tax return for EACH person in the household who is working**
- Two most recent paystubs for ALL household members who are working**
- Proof of any other income (pension, TANF, child support, etc.)**
- A \$15 money order for your credit report**





**Part I**

**Household Assets & Liabilities**

Please answer each question below for you *and all members of your household*:

<b>DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD...</b>							
1	own a home?	Yes	No	Value of home:	\$ _____	Outstanding mortgage:	\$ _____
2	own a car?	Yes	No	Value of least expensive car:	\$ _____	Loan amount on that car:	\$ _____
ABOVE VALUES ARE *NOT* INCLUDED IN NET WORTH CALCULATION							

<b>DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD...</b>							
3	own additional cars?	Yes	No	Value of additional car(s):	\$ _____	Loan amt. on those car(s):	\$ _____
4	own a business?	Yes	No	Value of business:	\$ _____	Outstanding loan(s):	\$ _____
5	own residential rental property or land?	Yes	No	Value of property:	\$ _____	Outstanding property loan:	\$ _____
6	own stocks, bonds, 401K, other investments, or have a pension?	Yes	No	Value of investments:	\$ _____		
7	have a checking account(s)?	Yes	No	Amount in account(s):	\$ _____		
8	have a savings account(s) (other than an IDA)?	Yes	No	Amount in account(s):	\$ _____		
9	owe money to friends or family?	Yes	No			Amount owed:	\$ _____
10	have past due household bills?	Yes	No			Amount past due:	\$ _____
11	carrying a balance on credit card(s)?	Yes	No			Amount of balance(s)	\$ _____
12	have outstanding student loans?	Yes	No			Outstanding loans:	\$ _____
13	have outstanding medical bills?	Yes	No			Outstanding balance:	\$ _____
TOTAL THE VALUES FOR #s 3-13 ONLY:				<b>TOTAL ASSETS</b>	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
<b>HOUSEHOLD NET WORTH</b>							
<b>(TOTAL ASSETS - TOTAL LIABILITIES) =</b>						\$ _____	



**Main Applicant Income Information**

Do you use direct deposit?    *Yes*    *No*  
 Are you TANF eligible?        *Yes*    *No*  
 Did you receive Earned Income Tax Credit on last year's income tax filing?    *Yes*    *No*

Income of Applying Adult - please list *gross income* (before taxes):

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Last Year</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment ( <i>selling things you make, doing laundry sewing, childcare, etc.</i> )	\$ _____	\$ _____	\$ _____
<b>TANF</b>	\$ _____	\$ _____	\$ _____
Other government assistance ( <i>Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits</i> )	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support /alimony payments	\$ _____	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____

**Other Adult Income Information (Husband, Wife or other family member with income)**

Income of the other household member(s) - please list *gross income* (before taxes):

<u>Category</u>	<u>Last Month</u>	<u>Typical Month</u>	<u>Last Year</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Self-employment ( <i>selling things you make, doing laundry sewing, childcare, etc.</i> )	\$ _____	\$ _____	\$ _____
<b>TANF</b>	\$ _____	\$ _____	\$ _____
Other government assistance ( <i>Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits</i> )	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support /alimony payments	\$ _____	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____



**Part III**

**Applicant Employment Information**

Primary Employment Status (*choose one*):

- Employed more than full-time (*overtime or more than one job, for yourself or others*)
- Employed full-time (*for yourself or others*)
- Employed part-time (*for yourself or others*)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant Personal Information**

- Ethnicity:
- African American
  - Latino or Hispanic
  - Native American
  - Other (*please specify:* \_\_\_\_\_)
  - Caucasian
  - Asian American
  - Pacific Islander, Hawaiian

- Highest Level of Education Completed:
- Grade K through 5
  - Grade 6 through 8
  - Grade 9 through 12
  - High School Diploma or GED
  - Attended college
  - Graduated junior college (2 year)
  - Graduated college (4 year)
  - Attended graduate school

How did you hear about the IDA program? \_\_\_\_\_

Do you have any special needs your case manager should know about? \_\_\_\_\_

Have you or anyone in your household participated in another IDA programs in the past three years? \_\_\_\_\_  
 If yes, which program? \_\_\_\_\_

**Applicant Personal Statement**

Please explain why you are interested in participating in the IDA program.

\_\_\_\_\_  
 \_\_\_\_\_

How much do you think you could afford to save each month? \$ \_\_\_\_\_



**Emergency Contact Information**

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Proof of Identity and Income**

**Please note that the following items must be provided as proof of your identity and income. Please provide these items when you submit your application:**

- Current Driver's License OR
- State Issued Identification Card

AND

- Tax return for the year prior to date of application AND
- Two most recent payroll check stubs

*If you did not file a tax return, please bring five month's worth of pay stubs or copy of last year's business records.*

*All information requested on this application form will be kept confidential within UWSEPA and Ceiba, partner organizations, and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.*

**Applicant Signature**

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

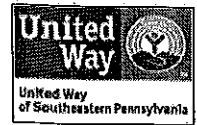
My signature below certifies that the eligibility guidelines (household income and assets limits) for this program have been explained to me, and to the best of my knowledge, I meet these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Agency Use Only**

Date Received: \_\_\_\_\_ Application Reviewed by: \_\_\_\_\_

Paper file started on: \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)  
 Creating Assets, Savings and Hope (CASH)  
 Individual Development Account (IDA) Program**

**PARTICIPANT GOAL STATEMENT**

**Homeownership Goal**

Why is buying a home important to you?

Describe the type of home you would like purchase with your IDA funds (location, type of home, number of bedrooms, etc.).

How much do you think this type of home will cost? \_\_\_\_\_

Which program would you *prefer* to enroll in?

- Ceiba's 1 year IDA Program (Home purchase deadline: December 2012)
- Ceiba's 2 year IDA Program (Home purchase deadline: December 2013)

When do you plan to purchase your home (by what date)? \_\_\_\_\_

Estimate what expenses you need to budget for in order to purchase this home (type of expense, and how much):

What resources will help you achieve this goal (grants, personal savings, support from family and friends)?

What sacrifices or changes in your budget will you have to make to reach this goal?

**Certification**

My signature below certifies that I agree to use my accumulated IDA savings and match funds the asset goal indicated on this form and comply with all policies related to the use of IDA funds for homeownership .

Participant's Name (*please print*): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)**  
**Creating Assets, Savings and Hope (CASH)**  
**Individual Development Account Program (IDA)**



**HOMEOWNERSHIP IDA**  
**PARTICIPANT LETTER OF AGREEMENT**

This Savings Plan Agreement, between UWSEPA and the IDA Program participant listed at the bottom of this agreement (“the Participant”), details the Participant’s responsibilities in connection with the IDA Program (“the Program”).

**Participant’s Responsibilities**

I, \_\_\_\_\_, agree to:

1. Save regularly for future expenses associated with the purchase of my first home. I agree to use my savings and the IDA match only to pay for downpayment and/or closing costs. I understand that I need to budget for expenses that my IDA savings and match cannot pay for, such as earnest money, inspections, appraisals, home repairs, and living expenses preceding or following settlement.
2. Open an IDA savings account at a designated financial institution and deposit a minimum of \$10 every calendar month from my earned income. A detailed Schedule of Savings is attached.
3. Reach my savings goal by the program deadline: \_\_\_\_\_.
4. Attend a total of eleven hours of training before I am eligible to use my savings and the IDA match for home purchase. I understand that I must complete six hours of personal finance and money management training, and five hours of first time homebuyer education, actively participate in all workshop discussions and exercises, and complete all homework activities. If I miss a class, I will call the program coordinator immediately to discuss the situation and will make arrangements to make up the missed session.
5. Not make withdrawals from my IDA account for six months after the date on which I made the first deposit, even in emergency situations. I understand I will be dropped from the program if I make an unauthorized withdrawal.
6. Abide by all Program policies, such as the Emergency Withdrawal Policy, Leave of Absence Policy, Qualified Withdrawal Policy, and other policies and rules outlined in the Program’s Frequently Asked Questions document.
7. Respect the right to privacy of all Program participants by keeping confidential any personal or financial information divulged in the course of the Program.
8. Provide Program staff with updated personal information in the event of a change of address, phone number or emergency contact information.
9. Participate in any evaluation efforts.
10. If, after my IDA savings and the match funds are provided to my title company, I am informed that I will receive cash back, I will arrange for any and all cash back to go to the principal of my mortgage loan or be returned to UWSEPA. I understand that, per federal guidelines, no IDA funds can be provided to me directly and that I am not permitted to keep any cash back that may be returned to me in error at settlement. All unused IDA funds must be returned to UWSEPA.

**Mutual Understandings**

I understand that:

1. The program has certain eligibility guidelines (household income and asset limits). These eligibility guidelines are outlined in the program's Frequently Asked Questions document and have been explained to me by my case manager.
2. UWSEPA will match up to \$2,000 of my IDA savings at a rate of \$2 for every \$1 saved. The maximum IDA match is \$4,000, for a total of \$6,000 (savings and match) for me to use for my downpayment and closing costs.
3. Match funds will be made available in the form of a check at the end of the Program, when I am ready to close on my home, after I have submitted all required documentation specified in the UWSEPA qualified withdrawal checklist, and by mutual agreement of the Participant and Program staff. **The funds will never be available to me directly.**
4. Qualified withdrawals that include my savings and IDA match may be used only to pay for downpayment and closing costs for an approved first time home purchase, and only after meeting all of the Program requirements, completing all training, and providing all required documentation as specified by the Program.
5. Emergency withdrawals are discouraged and only available to the Participant in accordance with the Program's Emergency Withdrawal Policy.
6. **I must be able to submit a request for matching funds, including a signed purchase contract and mortgage loan approval, by \_\_\_\_\_ and to close on my home by \_\_\_\_\_.** After \_\_\_\_\_ **all earned match funds will be forfeited.** I will keep my own savings.
7. At any time I can withdraw from the Program and keep my savings. When I leave or am expelled from the Program, I lose the right to any match funds.
8. I may be expelled from the Program for missed monthly savings deposits, insufficient program progress indicating that I will not be able to reach my goal and submit a request for matching funds by the deadline, poor workshop attendance, poor communication with the Program staff, violations of the Emergency Withdrawal Policy, if it is determined that I do not meet eligibility guidelines for the program, or violations of other responsibilities and understandings outlined in this agreement.
9. UWSEPA is the custodian for my IDA account; both UWSEPA and I will have access to all account activity information and neither party can withdraw funds without the other's written consent.
10. **All checks (my savings and the match) will be made payable to a qualified entity as allowed by the Program regulations.** Under no circumstances will I receive cash from the Program. If there will be any unused IDA funds after settlement, I will return them to UWSEPA.

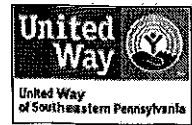
I have read and understand the contents of this agreement and the rules outlined above, and I agree to meet my responsibilities under them.

Participant's Name (*please print*): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)  
 Creating Assets, Savings and Hope (CASH)  
 Individual Development Account (IDA) Program**



**PARTICIPANT SCHEDULE OF SAVINGS**

**Please write out your proposed savings plan. This plan can be adjusted later if needed. Your proposed savings plan must total \$2000. You must have a *minimum* of 6 monthly deposits. A deposit must be \$10 or more to count as a monthly deposit.**

**Purchase Deadline for 1 year program: December 2012**

**Purchase Deadline for 2 year program: December 2013**

**Planned Monthly Deposit: \$ \_\_\_\_\_**

**2011**

**Deposit #1. November           \$ \_\_\_\_\_**

**Deposit #2. December         \$ \_\_\_\_\_**

**2012**

**Deposit #3. January           \$ \_\_\_\_\_**

**Deposit #4. February         \$ \_\_\_\_\_**

**Deposit #5. March             \$ \_\_\_\_\_**

**Deposit #6. April              \$ \_\_\_\_\_**

**Deposit #7. May                \$ \_\_\_\_\_**

**Deposit #8. June               \$ \_\_\_\_\_**

**Deposit #9. July                \$ \_\_\_\_\_**

**Deposit #10. August           \$ \_\_\_\_\_**

**Deposit #11. September       \$ \_\_\_\_\_**

**Deposit #12. October         \$ \_\_\_\_\_**

**Deposit #13. November        \$ \_\_\_\_\_**

**Deposit #14. December        \$ \_\_\_\_\_**

**2013**

**Deposit #15. January         \$ \_\_\_\_\_**

**Deposit #16. February        \$ \_\_\_\_\_**

**Deposit #17. March            \$ \_\_\_\_\_**

**Deposit #18. April             \$ \_\_\_\_\_**

**Deposit #19. May               \$ \_\_\_\_\_**

**Deposit #20. June              \$ \_\_\_\_\_**

**Deposit #21. July               \$ \_\_\_\_\_**

**Deposit #22. August           \$ \_\_\_\_\_**

**Deposit #23. September       \$ \_\_\_\_\_**

**Deposit #24. October         \$ \_\_\_\_\_**

**Deposit #25. November        \$ \_\_\_\_\_**

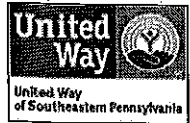
**Deposit #26. December        \$ \_\_\_\_\_**

**Total Savings \$ \_\_\_\_\_**

Sign my purchase contract by: \_\_\_\_\_

Estimated downpayment: \$ \_\_\_\_\_

Estimated closing costs: \$ \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)  
 Creating Assets, Savings and Hope (CASH)  
 Individual Development Accounts (IDA) Program**

**PARTICIPANT FINANCIAL INSTITUTION RELEASE FORM**

**Participant Information**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial institution holding IDA: Trumark Financial Credit Union ("Trumark")

IDA account number: \_\_\_\_\_ *(to be filled in after opening account)*

**Applicant Certification**

If I am selected as a participant in UWSEPA's IDA Program I will open an Individual Development Account (IDA) savings account at Trumark Financial Credit Union.

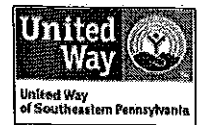
I hereby authorize Trumark to release any and all information about my IDA account to UWSEPA, Ceiba and any UWSEPA technical assistance provider.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent/Guardian Signature if under age 18: \_\_\_\_\_

**Date:** \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program**

**PARTICIPANT BENEFICIARY DESIGNATION FORM**

**Participant Information**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Financial institution holding IDA: Trumark Financial Credit Union

**Beneficiary Information**

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**Applicant Certification**

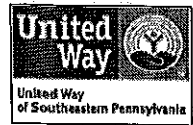
In the event of my death, I designate the person listed above as my beneficiary to receive all the assets in my Individual Development Account (IDA), and I authorize the IDA Program and the Financial Institution holding my IDA account to initiate and complete a transfer of my IDA assets to the control of my beneficiary.

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to the UWSEPA IDA Program of a change in my beneficiary designation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Signature if under age 18: \_\_\_\_\_ **Date:** \_\_\_\_\_



**United Way of Southeastern Pennsylvania (UWSEPA)  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program**

**PARTICIPANT RELEASE OF LIABILITY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- **As a participant in the IDA Program of the United Way of Southeastern Pennsylvania, I hereby waive all claims, demands and causes of action of every nature arising from said participation in the above named program and/or for the release of information concerning me against UWSEPA, its agents, employees, officers, representatives and/or program funders or evaluators.**
- **In addition to the above agreement, I agree to allow the IDA Program to use my name and/or business name and photographs for brochures, advertising, or any other business related purpose in connection with publicity regarding the IDA Program of UWSEPA. I also agree to be interviewed regarding my participation in the IDA Program of UWSEPA.**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian Signature if under age 18



United Way of Southeastern Pennsylvania (UWSEPA)  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program



**PROGRAM EVALUATION RELEASE FORM**

**Participant Information**

Name: \_\_\_\_\_

**Applicant Certification**

I understand that the IDA Program is a demonstration program sponsored by United Way of Southeastern Pennsylvania and may be evaluated by an outside contractor. I understand that the purpose of this demonstration program is to study the effects of savings-based, asset development strategies.

I agree to participate in this demonstration and in all program activities affiliated with it.

As part of my participation in the project, I agree to assist in the evaluation by sharing certain information (collected through surveys, interviews, and focus groups). I understand that all such information will be kept confidential.

I understand that UWSEPA, and any company UWSEPA contracts with, will never use my name in, or attach my name to, any report or written summary originating from information I have provided without my written consent.

I give permission to the IDA Program to submit personal and financial information, including information from the financial institution holding my IDA, to an outside contractor for the purpose of evaluating this program. I agree to provide all personal and financial information requested by the IDA Program or the company UWSEPA contracts with to evaluate this program.

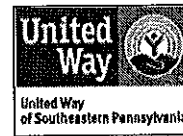
I understand that focus groups may include questions that ask about my spending patterns, my attitude toward savings and assets, and my attitude toward the IDA program itself, and I agree to provide this information. I further understand that interviews may include questions that ask about my background, how the IDA program works, my savings abilities, and the effects of the IDA program on my family, my neighborhood, and myself, and I agree to provide this information.

I understand that the information I provide will be used to learn about and analyze savings behavior, and that this analysis may be printed in journals and other publications for funding agencies, policymakers, and the general public.

I am participating in the IDA Program of my own free will and I understand that I can drop out of the program at any time.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Signature if under age 18: \_\_\_\_\_ **Date:** \_\_\_\_\_



**United Way of Southeastern Pennsylvania  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program**

**EMERGENCY WITHDRAWAL POLICY**

Participants in the IDA Program of United Way of Southeastern Pennsylvania (the Program) are strongly discouraged from taking emergency withdrawals from their IDAs. However, in the event that a financial emergency arises, participants are encouraged to discuss their situation with their Case Manager (CM) to search for alternative options to address the emergency without withdrawing from the account. If no alternative can be found, participants may take emergency withdrawals in accordance with the following policy and procedure.

**Eligibility**

**In order to be eligible for an emergency withdrawal, participants must have had an account open for at least six (6) months and have made savings deposits consistently for at least six (6) consecutive months.**

**Withdrawal Uses**

Emergency withdrawals will only be approved in the following three cases:

1. to prevent eviction or foreclosure
2. to pay for critical health care services for a participant or a participant's family member
3. to pay for critical living expenses, such as food supplies or heating expenses, following a participant's loss of employment

**Amount of Withdrawals**

Emergency withdrawals may be made in any amount up to a participant's entire account balance, including interest earned, provided that no minimum balance is needed to keep the account open. **Withdrawals never include matching funds.**

**Redeposit of Withdrawn Funds**

Participants must redeposit the amount of funds withdrawn for an approved emergency withdrawal within one year of the withdrawal. Failure to do so will result in termination from the Program.

**Forfeiture of Match**

Participants who make emergency withdrawals will forfeit any match money earned on the withdrawn funds. These match monies may be earned again if a participant makes future IDA deposits. However, any future matches will accrue under terms of the match structure in place at the time of the deposit.

### Process of Approval

1. The IDA participant completes and submits an Emergency Withdrawal Request (EWR) form to his or her CM.
2. Within one (1) business day the CM will meet with the participant to discuss the financial crisis and review alternative strategies. If no alternative can be found, the CM will request additional information to document the emergency. This documentation may include past due bills, eviction notices or doctors notes.
3. To request approval of an emergency withdrawal, the CM will provide the EWR and supporting documentation to United Way of Southeastern Pennsylvania (UWSEPA) or a designated technical assistance provider within one (1) business day of receiving a completed EWR and supporting documentation from the IDA participant.
4. Within one (1) business day, UWSEPA or UWSEPA's technical assistance provider will respond to CM to confirm receipt of the EWR and provide a response to the request. If further information is needed, the CM will be told at this time. Final responses will be made within one (1) business day of receipt of complete documentation.
5. In cases where the CM and UWSEPA's technical assistance provider do not agree on the outcome of the withdrawal request, the CM may appeal to decision directly the Manager at UWSEPA who oversees the IDA program. The decision of UWSEPA's Manager is final.
6. When a final decision has been made, UWSEPA or UWSEPA's technical assistance provider will notify the CM verbally of the decision and sign off on the EWR and fax it back to the CM who will then notify the IDA participant of the decision that same day. If the request has been approved, within that same day, the CM will complete a withdrawal letter to the bank authorizing the IDA participant's emergency withdrawal.
7. The participant may then go to the bank to withdraw funds.
8. It is the policy of the Program, whenever possible, to process emergency withdrawals within a maximum of four (4) business days (from the date the EWR form is submitted to the date the participant is notified of the approval or denial of the request).

### **If the request is not approved:**

In the event that a participant applies to make a withdrawal, and it is determined that the request is not for an emergency, the participant has the following options:

1. To make do without the withdrawal and continue participating in the Program.
2. To withdraw from the Program and receive a full refund of all IDA deposits and interest (but not matching funds), and jeopardize any possibility of future participation in the Program. Re-entry into the Program following a non-emergency, non-qualified withdrawal must be approved jointly by the CM and UWSEPA.
3. To apply for a leave of absence, which would not provide access to IDA funds but would provide a planned respite from the obligation to make a monthly IDA deposits. Leaves of absences are designed to give participants the opportunity to weather short-term financial crises, regain their ability to save, and remain in the Program.

If the participant disagrees with the decision that has been rendered by the UWSEPA's Manager, he or she may request in writing an appeal meeting with the Director of Community Impact. A new release of information must be signed if the participant would like information to be shared that is not covered by the Program's original release. The participant will be notified of the result of the appeal meeting within two (2) business days after receipt of the written meeting request.

**Future Emergency Withdrawals**

A participant must save for six (6) consecutive months following an emergency withdrawal in order to be eligible to request a second emergency withdrawal. At the time of the second request, the CM and UWSEPA will make a joint decision about whether the participant will be able to continue in the Program. If the CM and UWSEPA feel that the participant will not be able to reach his or her savings goal by the completion of the Program, the participant will not be allowed to make an emergency withdrawal. He or she then has the option to make an unauthorized withdrawal, which will result in termination from the Program, or to forgo the withdrawal.

I have read United Way of Southeastern Pennsylvania's IDA Emergency Withdrawal policies and procedures and agree to abide by them.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date



**United Way of Southeastern Pennsylvania  
Creating Assets, Savings and Hope (CASH)  
Individual Development Account (IDA) Program**



**QUALIFIED WITHDRAWAL POLICIES AND PROCEDURES  
FOR HOMEOWNERSHIP IDAs**

**IDA Qualified Homeownership Expenses**

In accordance with the Asset for Independence Act, all IDA funds, which include participants' savings and match money provided by United Way of Southeastern Pennsylvania (UWSEPA), must be used to pay for specific costs incurred in the purchase of a first home.

Qualified expenses are limited to:

- Downpayment;
- Closing costs (limited to expenses actually paid at closing; does not include prepaids)

IDA funds, both savings and match, must always be provided directly to the "vendor" responsible for accepting funds for the participant's asset purchase (typically the title company, for home purchases). IDA funds can never be provided to the participant directly. This includes cash back to borrower at settlement.

**Qualified Home Purchases**

To be "qualified" to use IDA funds, the home purchase must meet the following minimum criteria:

- The purchaser must be a first time homebuyer
- The home to be purchased must be the buyer's primary residence, not vacation property or a home purchased solely as investment property
- The home to be purchased cannot exceed 120% of the average purchase price of a home in the area at the time the home is purchase
- The home may be located anywhere in the United States, not only in Pennsylvania
- Participants may be asked to provide a credit report obtained within 3 months of mortgage loan approval and their household tax return for the current tax year at time of purchase

**Prohibited Uses of IDA Funds**

IDA funds cannot be used to:

- Repay any form of debt, including debts the participant may need to satisfy in order to qualify for a mortgage loan
- Cover items paid prior to settlement, including, but not limited to earnest money, inspections, and appraisals ("prepaids") or living expenses prior to the purchase of a home
- Pay for expenses following settlement, including home repairs, furnishings, or the participant's regular monthly mortgage payment (though, in the case of a participant who erroneously receives cash back at closing, funds will need to be returned to UWSEPA for reduction of the loan principal, or sent by the buyer directly to his/her lender for the same purpose).

In addition, no borrowed or gift monies may be deposited into an IDA account for home purchase. Funds to be deposited into an IDA must always come from the participant's own earned income during the period, including EITC refunds. While participants may use gift monies for the home purchase, gifted or borrowed funds are never permitted to be deposited into an IDA and matched. Any "lump sum" deposits of larger than \$500 must be documented.

### **Form of Payment**

All payments must be made directly to the participant's title company. Thus, qualified withdrawal requests will be filled in the form of cashiers' checks from UWSEPA made payable to title. **Participants may not receive cash back.**

### **Payment Documentation**

Qualified withdrawal requests must be accompanied by detailed documentation of the expenditure. All the following documentation must be submitted prior to the processing of IDA funds for a home purchase. No funds will be provided without the following documentation, submitted in full. In particular, the following forms of documentation are necessary:

- A copy of the client's purchase contract
- A copy of the Good Faith Estimate
- Estimated HUD-1 Settlement Statement
- Savings Plan
- Documentation verifying completion of 5 hours of first-time homebuyer education and 6 hours of financial literacy training
- Copies of, at minimum, the client's first and last IDA bank account statements
- A copy of the participant's IDA program application and all supporting documentation used to verify his/her eligibility at the time of enrollment
- Any other documentation requested by UWSEPA, including, but not limited to, the participant's most recent credit report and tax return

### **Request Procedure**

IDA participants should request qualified withdrawals as soon as they have signed a purchase contract and obtained a Good Faith Estimate, and funds are needed, and no later than 30 days before the projected settlement date.

Prior to any qualified withdrawal requests, IDA participants must:

- Have an IDA account open for at least six months, to the date, of submission of the request
- Have sufficient funds to cover the entire costs of the home purchase, including funds for expenses that the IDA savings and match cannot pay for (including earnest money, budgeted living expenses prior to closing, and any expenses that need to be prepaid, such as appraisals and inspections).
- Have graduated from 6 hours of personal financial literacy training.
- Have completed at least 5 hours of first time homebuyer education/training.
- Participants should apply for other grants and downpayment assistance available to low and moderate income first time homebuyers, and thoroughly research affordable mortgage loan products offered by PHFA, banks, and credit unions. Although participants are not required to utilize particular lenders, no funds will be disbursed if the loan product may be considered predatory.
- When planning for their home purchase, participants should think about costs for the entire purchase, and to be aware that they may not use their IDA funds- including savings and match

funds- for any expense incurred in the home purchase. In the course of their savings and program progress, it is recommended that case management include a plan to save for these other expenses, and for participants to establish an emergency fund for post-purchase expenses.

- Together with their Case Manager, participants must complete and submit the Qualified Withdrawal Request Form. The request should be faxed to UWSEPA along with appropriate documentation at least 30 days before IDA funds are required.
- If all program requirements are met, UWSEPA will process a check. Participants or case managers may pick the check up at UWSEPA, or the check can be mailed to the title company.

### **Unused Funds Must Be Returned**

No funds will be disbursed unless the participant has submitted the relevant documentation listed above and finalized a settlement/closing date and time for the purchase of a first home. If a participant for any reason will not use the IDA funds for the requested purpose, including the inability to purchase a home by the contract deadline, the participant can withdraw from the program. If a participant withdraws from the program for any reason, he/she will keep his or her savings, but will not receive any matching funds.

**No funds can be returned to the IDA participant.**

### **Qualified Asset Decisions**

This policy shall serve as the primary definition of what expenses may be covered with IDA savings and matching funds. In the case of a qualified withdrawal request the permissibility of which is not clear from this policy, the Vice President of Community Impact at UWSEPA will hold final decision-making authority in interpreting program policy. IDA participants who disagree with program staff about the permissibility of a qualified withdrawal request may request that their case be discussed with the Vice President of Community Impact. The decision made by the Vice President is final. In order to minimize misunderstandings, IDA participants who anticipate submitting an unusual qualified withdrawal request should ask her/his Case Manager about the permissibility of their request as far in advance as possible. UWSEPA holds final authority and approval over the use of IDA funds for home purchases. Participants who disagree with the outcome of decisions made by UWSEPA may withdraw their savings and purchase a home through other means.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**