

VIDA Program: Saver's Nonqualified Withdrawal Request Form

Use this form to make an emergency withdrawal or terminate participation. To be completed by the saver and intermediary, mail or fax to DHCD using the information at the bottom of the form.

Saver Information

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Social Security Number: _____

Intermediary Site Name: _____

Withdrawal Information

Withdrawal Amount: _____ Bank Account Number: _____

Purpose of the withdrawal: an emergency withdrawal terminate participation*
(does not terminate program participation)

If an emergency withdrawal, answer the following questions:

1. Check the purpose of the withdrawal: medical care
 rental payment, due to pending eviction
 living expenses, due to loss of employment
2. How will this withdrawal affect your savings goal?
3. How do you plan to repay the money back to your account? How long will this take to repay?

Signatures

* If terminating from the program: By signing below, saver requests that the Virginia Department of Housing and Community Development withdraw saver's deposited funds from their VIDA account and close the account. The participant understands that all match funds earned will be forfeited and that this request will end program participation.

Saver's Signature: _____

Name _____ Date _____

Intermediary's

Signature: _____

Print Name _____ Signature _____ Date _____

DHCD Program Representative

Signature: _____

Signature _____ Date _____

DHCD Fiscal Representative

Signature: _____

Signature _____ Date _____

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Fax or mail to: Virginia Department of Housing and Community Development, VIDA Program, Main Street Centre, 600 East Main Street, Suite 300, Richmond, Virginia 23219. Phone: (804) 371-7030, Fax: (804) 371-7093