

## VIDA Program VHDA: Saver's Qualified Withdrawal Request Form

*Use this form to request a match payment for an asset purchase. The saver and intermediary should complete this form and submit it to DHCD. Use one form per qualified withdrawal.*

### Saver Information

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Address City, State Zip Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_ Last four digits of bank acct: \_\_\_\_\_

Intermediary Site Name: \_\_\_\_\_

### IDA Information

|                                   |   |  |   |  |
|-----------------------------------|---|--|---|--|
| Please indicate whether you have: | Completed financial literacy training? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If yes, indicate date and provider of training: |  |
|                                   |   |  | Date: _____                                     | Intermediary confirmation of training, initial here: _____ |
|                                   | Completed asset-specific training? <input type="checkbox"/> Yes <input type="checkbox"/> No     |  | If yes, indicate date and provider of training: |  |
|                                   |   |  | Date: _____                                     | Intermediary confirmation of training, initial here: _____ |

### Payment Information

Indicate the total amount needed to pay this vendor: \_\_\_\_\_

Note: Indicate the vendor's (or attorney's) information below. This is the seller (or closing agent) of the asset you are purchasing. You must attach proof of home purchase, such as a Closing Disclosure document. In the event that some portion of the payment is not used towards closing and returned, DHCD will automatically apply the funds against the mortgage principal. Returned funds will not be used for on-going mortgage payments.

Payee's name: \_\_\_\_\_

Payee's complete mailing address (print):  
 Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Send to the attention of:  Mr. or  Ms. \_\_\_\_\_ Payee phone number: \_\_\_\_\_

Vendors Federal Identification (or taxpayer) Number. Your request cannot be processed without this number: \_\_\_\_\_

### Signatures

*My signature below as a custodial accountholder with the Virginia Department of Housing and Community Development VIDA program gives the agency permission to withdraw funds from the above referenced account on my behalf. The withdrawn funds along with a percentage of program match funds will be used to pay the above referenced vendor so that an asset may be purchased in my name. If the purchase of the asset is terminated and the vendor issues a refund, the entire refund must be sent to DHCD. DHCD will return the saver's contribution.*

|  |           |      |
|--|-----------|------|
| Saver's Signature:                     | Signature | Date |
| Intermediary Representative Signature: | Signature | Date |
| DHCD Program Representative Signature: | Signature | Date |
| DHCD Program Representative Signature: | Signature | Date |