

HI H.O.P.E.S. Initiative/EPIC 'Ohana, Inc.
HI H.O.P.E.S. Match
Qualified IDA Withdrawal: Notice to Bank of Hawai'i

The H.I. H.O.P.E.S Match IDA Program participant listed below has been approved to make a qualified withdrawal from his/her IDA savings in order to purchase his/her asset goal. As the participant's account is being held at Bank of Hawai'i, this request is for the participant's funds and EPIC 'Ohana, Inc. (EPIC) matching funds. Please issue (2) cashier's checks in accordance with the information listed on this form.
**Participation in the H.I. H.O.P.E.S Match IDA program, matched IDA savings accounts and matched asset purchases subject to continued and available funding for the H.I. H.O.P.E.S Initiative.*

Participant Information

Name: _____
 Street Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

Check Information

Cashier's checks payable to: _____
 Street Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____

Please withdraw funds and prepare (2) separate checks, both payable to the same vendor/individual from the following accounts in the following amounts:

Account Number: _____ (Participant's IDA savings account) \$ _____
 EPIC 'Ohana, Inc. Matched Funds: \$ _____

Please (choose one):

- Mail checks to: (Name & Address Here)
- Prepare checks to be picked up at home branch by _____ on _____
Name of person picking up checks **Date**

Authorization

As an authorized representative of EPIC 'Ohana, Inc., I authorize Bank of Hawai'i to prepare cashiers' checks to the party listed above, drawn from EPIC 'Ohana, Inc. matching funds and **participant** _____
IDA savings account No. _____.

 (EPIC STAFF ONLY) Authorized Representative Signature

Date

 (EPIC STAFF ONLY) Authorized Representative Signature

Date

As a participant in the H.I. H.O.P.E.S. Match IDA Program, I authorize Bank of Hawai'i to prepare a cashier's check to the party listed above drawn in part from my **IDA savings account No.** _____ in the amount listed above.

Participant Signature

Date

H.I. H.O.P.E.S. Initiative
H.I. H.O.P.E.S. Match
Asset Purchase Request Form

Personal Information

Name: _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____
E-mail Address _____

Purchase Information

What is your asset goal?

- | | |
|---|---|
| <input type="checkbox"/> Credit Building | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Microenterprise |
| <input type="checkbox"/> Health | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Participant Specific |

Please describe what you plan to purchase with your match funds (i.e., apartment down payment, automobile, tuition for school, etc.):

Payment Information

To whom should your purchase check be made out (the vendor selling the asset you are buying)?

Name: _____ Phone Number: (____)_____
Street: _____
City: _____ State: _____ Zip Code: _____

BANK ACCOUNT NUMBER: _____
Amount from your account: \$ _____
Amount from your match: + \$ _____
Other funds or resources: + \$ _____
Total cost of your asset purchase: = \$ _____

Have you attached copies of your supporting documents? Yes No

**Examples of documentation include: copy of a written estimate, rent bill, tuition bill, bill from a medical provider, insurance policy with the associated cost, stock certificate, rental lease or letter from landlord, etc.*

Please contact your site coordinator to determine which supporting documents are needed.

I understand that I must complete the budget sheet included in this application and attach a copy of it to complete my application: Yes

**Your budget is part of this application. Failure to attach your budget will delay the approval of your asset purchase application. There is a budget form at the end of this application that you should complete.*

Your vendor check may be mailed directly to the vendor at the address indicated above. Which option do you prefer?

- I want to pick up the cashier's checks at my home branch (where the bank account was opened).
- Please mail the cashier's checks directly to the vendor.
- Please mail the cashier's checks directly to me at the mailing address above.

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

Signature: _____ Date: _____

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I certify the information on this form is accurate and complete.

Signature of Parent/Guardian: _____ Date: _____

Relationship to Participant: _____

BUDGET SHEET

Please complete your budget sheet to the best of your knowledge. If one of the categories below are not applicable to you, please indicate so by using "\$0" or "N/A".

BUDGET FOR MAINTAINING MY MATCHED SAVINGS ACCOUNT ASSET	
	Amount
MONTHLY INCOME	
Take-home pay	
Other income	
TOTAL MONTHLY INCOME	\$
MONTHLY EXPENDITURES	
Essentials	
Rent	
Utilities (water, electricity, gas, phone)	
Groceries	
Non-food groceries (e.g. deodorant, shampoo, etc)	
Essential clothing	
Transportation	
School Supplies	
Health Insurance Premium	
Finance Charges/Fees (Check Cashers)	
Unexpected essential expenses (e.g., car repairs)	
Other (e.g. child support, child care, etc)	
Total Essential Expenditures	\$
Non-Essentials	
Entertainment (movies, cable TV, etc)	
Eating out	
Other	
Total Non-Essential Expenditures	\$
TOTAL MONTHLY EXPENDITURES (TOTAL ESSENTIAL + TOTAL NON-ESSENTIAL EXPENSES)	\$