



Valley Individual Development Accounts
Early Exit Withdrawal

Section A: IDA ACCOUNT HOLDER INFORMATION

First/Last Name: _____

SSN: _____

Financial Institution: _____

IDA Savings Account Number: _____

SECTION B: SAVINGS WITHDRAWAL INFORMATION

Balance of Savings: \$ _____ Or Balance if Different

SECTION C: CERTIFICATION

I understand that this termination will be finalized once I receive my funds from this account. I am aware that I will not be eligible to reapply to the VIDA Program for 12 months. I will no longer be making deposits into this savings account and I authorize the financial institution to close this IDA account.

I have completed the Update Form and included it with this request:

Account Holder Signature

Date

CASA of Oregon, VIDA Administrator:

Please Close Account

CASA of Oregon Authorized Account Signature

Date



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SECTION D: PURPOSE OF WITHDRAWAL

Date the IDA savings account was opened: _____

Please explain reason for exiting in detail:

Did you review other alternatives than exiting the program with your Specialist?

FOR MEMBER USE ONLY

I have met with the VIDA participant listed in Section I of this form and concluded that exiting the program is the only alternative for this participant at this time.

IDA Specialist Signature

Date

FOR ADMINISTRATOR USE ONLY

Reviewed by:

Comments/Recommendations:



Individual Development Accounts Update Form

We would like to know how things have changed for you since enrolling in the IDA program. Please complete this confidential form as you prepare to exit the program.

Name: _____ Home phone #: _____ Work/Cell #: _____

Address (please list your new address if you plan on moving soon): _____

City: _____ State: _____ Zip code: _____

County of Residence (list your new county of residence if you plan on moving): _____

Did you meet your savings goal? Yes No

Goal met date: _____

Please check all that apply:

1. School Status

- Enrolled Full Time
- Enrolled Part Time
- Not attending school at this time

2. Highest Level of Education Completed:

- Grades K-5
- Grades 6-8
- Some High School
- HS Grad/GED
- Some College
- Associate's Degree (2 year)
- College Graduate (4 year)
- Attended Graduate School
- Graduate Degree

3. Employment Status

- Employed more than full time (41+ hrs/week)
- Employed full time (35-40 hrs/week)
- Employed part time
- Unemployed – looking for work
- Unemployed – disability
- Unemployed – volunteer work
- Unemployed – retired
- Unemployed – not looking for work

4. Housing Type (Select all that apply)

- Owner
- Renter
- Homeless or couch surfing
- Youth living with family member(s)
- Group Home
- Other: _____

5. Are you or is anyone in your household a recipient of any of the following services?

- TANF (Temporary Assistance to Needy Families)
- Federal Housing Assistance
- Food Stamps
- Oregon Health Plan
- Employment Related Daycare
- Free or Reduced Price School Lunches
- WIC
- Low Income Energy Assistance
- Federal and State Earned Income Tax Credit
- State Working Family Child Care Tax Credit
- Emergency Food Assistance (have you received emergency food assistance in the past year, such as a food box?)
- Head Start
- Vocational Rehabilitation
- None

6. How many people under 18 live in your household?

7. How many people 18 and over live in your household? _____

8. How many people in your household are currently receiving income? _____

9. Do you or anyone in your household currently have health insurance? _____

10. Do you or anyone in your household currently have life insurance? _____

Calculating the Yearly Gross Income of Your Household

Please write down the yearly income received from each source. Try to be as accurate as possible.

YOU	
YOUR yearly gross salary or wages	\$
Self-employment Income	\$
Investment income	\$
Unemployment Compensation	\$
Retirement Income (Pension/Annuities/IRAs)	\$
Auxiliary/Dependent Benefits	\$
Other income (specify: _____)	\$
Other income (specify: _____)	\$
A. Your Total Income	\$

OTHERS IN THE HOUSEHOLD	
Others' yearly gross salary or wages	\$
Self-employment Income	\$
Investment income	\$
Unemployment Compensation	\$
Retirement Income (Pension/Annuities/IRAs)	\$
Auxiliary/Dependent Benefits	\$
Other income (specify: _____)	\$
Other income (specify: _____)	\$
B. Other's Total Income	\$

TOTAL INCOME (A. Your Total + B. Others Total Income) \$

Do you own the following? If YES, what is their value?			Assets Total	What is the amount that you owe?			Liabilities Total
Vehicle 1 value:	Vehicle 2 value:	Vehicle 3 value:	\$	Loan on Vehicle 1:	Loan on Vehicle 2:	Loan on Vehicle 3:	\$
Home 1:	Home 2:	Home 3:	\$	Mortgage 1:	Mortgage 2:	Mortgage 3:	\$
Cash			\$	Business Debts			\$
Checking Accounts			\$	Personal Debt (to family, friends, etc.)			\$
Savings (not IDA)			\$	Credit Cards			\$
Children's Savings Accounts/CDs			\$	Student Loans			\$
401K Retirement/IRA			\$	Medical Debt			\$
Stocks/ Bonds (not retirement)			\$	Store Credit			\$
CDs (Certificates of Deposit)			\$	Unpaid income and/or property taxes			\$
Business Bank Account			\$	Personal Line of Credit			\$
Business Assets/Inventory			\$	Back Child Support			\$
Other Investments			\$	Other			\$
A. Total Assets			\$	B. Total Liabilities			\$

Full Net Worth (A. Total Assets – B. Total Liabilities)							\$
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For Homeownership IDA Participants Only:

1. What is the length of your mortgage (number of years)? _____
2. What is your mortgage interest rate? _____
3. Is your interest rate fixed or adjustable? _____
4. What will the annual taxes be for your new home? _____

For Education IDA Participants Only:

1. Do you identify as being the first person in your family to go to college? _____
2. Please describe the educational opportunity you're pursuing. For instance, are you pursuing an Associate's Degree, a Bachelor's Degree, attending culinary school, or taking classes online? What is the name of the school you plan to attend?

3. Where is the school located – in Oregon, out of state, or online? _____

Thanks for your assistance with completing this form!

Exit Survey of Oregon IDA Initiative Participants – Short Version

PLEASE TAKE A MOMENT TO GIVE US YOUR FEEDBACK ... AND RECEIVE A \$15 GIFT CARD!

Portland State University (PSU) is conducting an evaluation of Oregon's Individual Development Account program on behalf of Neighborhood Partnerships, which administers the program. As part of the evaluation, PSU is asking individuals who have closed IDA accounts without receiving matching funds to share their experiences with us.

The survey is voluntary and confidential. Only the researchers from PSU will see your answers. If you complete the survey, your responses will be combined with those of other IDA participants to provide information that will help improve the IDA program. Please place your completed survey in the postage paid envelope and mail it to: **Sara Jade Webb, PSU/RR1, P.O. Box 751, Portland, OR 97207**. If you have questions about this survey, please contact: *Sara Jade Webb, Portland State University, (503) 725-9610, sjwebb@pdx.edu*. If you have questions about your rights as a research participant or experience problems as a result of your participation in this study, please contact the *PSU Human Subjects Research Review Committee, Research & Sponsored Projects, 600 Unitus Bldg, 2121 SW 4th, (503) 725-4288 or 1-877-480-4400 (toll free)*.

FIRST, A LITTLE BIT ABOUT YOU:

1. What is your age? _____
2. What is your gender? _____
3. Which Oregon county do you live in? _____
4. Are you Hispanic or Latino? Yes₁ No₀ Don't Know₈
5. Are you Slavic (Russian, Ukrainian, Bosnian,...)? Yes₁ No₀ Don't Know₈
6. What is your race? [Check all that apply]

<input type="checkbox"/> Black or African American ₁	<input type="checkbox"/> Native Hawaiian or other Pacific Islander ₄	<input type="checkbox"/> White ₆
<input type="checkbox"/> Asian ₂	<input type="checkbox"/> Alaska Native ₅	<input type="checkbox"/> Other ₀ (specify) _____ _{0-DESC}
<input type="checkbox"/> Native American ₃		<input type="checkbox"/> Don't Know ₈
7. How many adults (age 18+) live in your household (including you)? _____
8. How many children (age 0-17) live in your household? _____
9. What is your current employment status? (including self-employed)

<input type="checkbox"/> Employed more than full time (41+ hours/week) ₁	<input type="checkbox"/> Unemployed, disabled ₅
<input type="checkbox"/> Employed full time (35-40 hours/week) ₂	<input type="checkbox"/> Unemployed, volunteer work ₆
<input type="checkbox"/> Employed part time ₃	<input type="checkbox"/> Unemployed, retired ₇
<input type="checkbox"/> Unemployed, looking for work ₄	<input type="checkbox"/> Unemployed, not looking for work ₈
10. Are you currently attending school?

<input type="checkbox"/> Not enrolled ₁	<input type="checkbox"/> Enrolled, full time ₂	<input type="checkbox"/> Enrolled, part time ₃
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TELL US ABOUT YOUR IDA GOALS AND YOUR EXPERIENCE IN THE PROGRAM:

1. What IDA Initiative program(s) did you participate in?

<input type="checkbox"/> Portland Housing Center ₁	<input type="checkbox"/> NAYA Family Center ₆
<input type="checkbox"/> Umpqua CDC DreamSavers	<input type="checkbox"/> NeighborImpact ₇
<input type="checkbox"/> VIDA (Valley Individual Development Accounts), CASA ₃	<input type="checkbox"/> Warm Springs CAT ₈
<input type="checkbox"/> Mercy Corps Northwest ₄	<input type="checkbox"/> MESA (Matched Education Savings Accounts) ₉
<input type="checkbox"/> EDev/Lane MicroBusiness ₅	<input type="checkbox"/> Other ₁₀ : _____ _{10DESC}
2. How long were you in the program?

<input type="checkbox"/> Less than 1 month ₁	<input type="checkbox"/> 6 - 11 months ₄
<input type="checkbox"/> 1 - 2 months ₂	<input type="checkbox"/> One year or more ₅
<input type="checkbox"/> 3 - 5 months ₃	
3. When did you leave the program? _____ Month _____ Year

4. Why did you leave the program?

- Voluntarily withdrew₁
- Moved out of state/area₂
- Unable to make deposits₃
- Family crisis or other emergency₄ (Describe: Job loss_j
 Medical_m Change in family circumstances_r
 Other_{oth}: ______{oth-desc.})
- Could not meet other program requirements₅
- Other₆ (Describe: _____
_____)_{6DESC}

5. What was your asset goal when you enrolled in the IDA Initiative?

- I wanted to buy a home₁
- I wanted to get more education₂ (Goal: Voc/Tech Certificate_v College Courses (No degree)_c Associate's Degree_a
 Bachelor's Degree_b Other_{oth}: ______{oth-desc.})
- I wanted to start/expand a small business₃
- I wanted equipment to allow me to work (adaptive technology)₄
- I wanted to rehab/change my home₅
- Other₆: ______{6DESC}

6. What was the amount of your savings goal? \$ _____ (personal goal) + \$ _____ (match) = \$ _____ Total

7. How much did you save in your IDA while in the program? Average monthly amount: \$ _____ Total: \$ _____

8. If you reached your savings goal, but were not able to purchase your asset goal, please explain why:

9. As part of the IDA program, you were asked to complete the following activities. How helpful have you found the following parts of the IDA program?

a. Creating a personal development plan:	<input type="checkbox"/> Very ₁	<input type="checkbox"/> Somewhat ₂	<input type="checkbox"/> Not at all ₃	<input type="checkbox"/> Did not participate ₉
b. The financial management classes:	<input type="checkbox"/> Very ₁	<input type="checkbox"/> Somewhat ₂	<input type="checkbox"/> Not at all ₃	<input type="checkbox"/> Did not participate ₉
c. Learning to use a budget:	<input type="checkbox"/> Very ₁	<input type="checkbox"/> Somewhat ₂	<input type="checkbox"/> Not at all ₃	<input type="checkbox"/> Did not participate ₉
d. Being required to make regular savings deposits:	<input type="checkbox"/> Very ₁	<input type="checkbox"/> Somewhat ₂	<input type="checkbox"/> Not at all ₃	<input type="checkbox"/> Did not participate ₉
e. Classes about my asset goal (e.g. home buying/repair, education, small business):	<input type="checkbox"/> Very ₁	<input type="checkbox"/> Somewhat ₂	<input type="checkbox"/> Not at all ₃	<input type="checkbox"/> Did not participate ₉

10. What helped you the most during the program? _____

11. Is there any way the program could have been more helpful to you? _____

12. Has the IDA program – even if you didn't reach your savings/asset goal – changed your financial situation or the way you handle money?

- A big change₂
- A small change₁
- No change₀

a. Please explain: _____

13. In general, how is your financial situation now compared to how it was when you started the program?

- Better₂
- About the same₁
- Worse₀

14. To what extent do you attribute any positive changes in your financial situation to the IDA program?

- Not at all₁
- Only a little₂
- Somewhat₃
- Mostly₄
- A lot₅
- No positive changes₉

15. Are you likely to enroll in an IDA program again in the future? Yes₂ Maybe₁ No₀

16. Would you recommend your IDA program to a friend? Yes₂ Maybe₁ No₀

17. Is there anything else you would like to tell us that might help to improve the IDA program for others?

🎁 Thanks for completing our survey! Turn to the next page to request your gift card! 🎁

❧\$15 Gift Card ❧

Return this page with your completed survey to get your \$15 Gift Card.

Thank you for completing our survey. Please provide the following information so we can send you your gift card.

In order to keep your survey responses confidential, this sheet will be removed from your completed survey as we receive it.

Please mail or fax your completed survey to:

Sara Jade Webb

PSU Regional Research Institute

PO Box 751

Portland, OR 97207

Fax: 503-725-4180

Today's Date: _____

Where would you like us to mail your gift card?

Name: _____

Street/PO Box _____

City _____ State _____ Zip _____

What type of \$15 gift card would you like? (check one)

Home Depot

Office Depot

Fred Meyer

PSU Office Use only:

Signature _____ *Date:* _____

Signature _____ *Date:* _____