

Individual Development Account Savings Plan Agreement



Name: _____

IDA Partner you work with: _____

Please circle the program you are participating in: VIDA | MCSP

This agreement outlines your responsibilities as a participant (Saver) in the VIDA program or the Matched College Savings Program (MCSP). Please read this document carefully with your IDA specialist. Compliance with the policies below and the guidelines in the saver handbook is required in order to qualify for matching funds.

Which asset are you interested in saving for? (Please choose only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> First Time Home Purchase | <input type="checkbox"/> Equipment, Technology or Specialized Training to Gain/Maintain Employment | |
| <input type="checkbox"/> Small Business Start Up or Expansion | <input type="checkbox"/> Funds Associated with Securing a Rental | <input type="checkbox"/> Post Secondary Education |
| <input type="checkbox"/> Purchasing a Vehicle for Personal Use | <input type="checkbox"/> Establishing a Retirement Account | <input type="checkbox"/> Home Repair |

I am planning to use one of the following in addition to my IDA (pending approval from my IDA Specialist and CASA of Oregon):

- Credit builder loan paired with my IDA Student loan debt or medical debt paid Replacement of a manufactured home (H/O Only)

Saver, Partner, and CASA Administrator Responsibilities:

Definitions essential for understanding this agreement:

- Savings: Amount I deposit into a joint savings account hosted at an approved financial institution, referred to as my Individual Development Account (IDA), or IDA.
- Match Funds: Amount of match funds CASA provides at the time of my purchase. These funds are kept by CASA and do not get deposited into my IDA.
- IDA Funds: Combined balance of my savings and match funds.
- Savings Period: Total amount of time I choose to make monthly deposits toward my savings goal, not to exceed 36 months.
- Savings Goal: Maximum amount of money I choose to save in my IDA.

1. IDA savings account & minimum monthly savings

- I agree to open my IDA at the financial institution I selected on my application within one month of receiving the letter of authorization.
- I agree to deposit **at least** \$25 per month for every month in the savings period.
- I understand that I am obligated to make a deposit every month until I reach my savings goal.
- I understand that I am only allowed to miss three consecutive deposits or six lifetime deposits before I can be exited early from the program.
- I understand that deposits may not come from gifts or loans.
- I agree to set up automatic bill pay or direct deposit for my IDA unless my IDA specialist determines I do not have a compatible source of funds, or if my financial institution does not allow it.

2. Savings Plan:

I agree to abide by the savings schedule listed below and complete my savings goal within my savings period.

Option #1: Savings only without lump sum deposits

Savings Start Date:	Savings End Date:
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Total Months Saved:	Savings Goal: \$
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Monthly Deposit: \$

Option #2: Savings plus lump sum deposits

Savings Start Date:	Savings End Date:
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Total Months Saved:	Savings Goal: \$
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Lump Sum Deposit Year 1: \$

Lump Sum Deposit Year 2: \$

Lump Sum Deposit Year 3: \$

Total Lump Sum Deposits: \$

Monthly Deposit: \$

Save & Spend addendum (eligible asset classes only):

My IDA specialist and I have determined that my plan requires that I create a save and spend plan. I understand that I must save for at least 6 months before I can spend any funds and that the amount I can spend is limited based on how much I have saved, and how long I have been in the program. I understand that I cannot access more than \$3000 match in a 12 month period and that I must complete all of my requirements before accessing any funds. Once I begin spending I am still expected to make deposits on time until I reach my savings goal and will still be held to the timelines to spend from this agreement.

By checking this box I acknowledge and agree to these terms. I would like to be enrolled in Save and Spend.

4. Required workshop participation and form completion:

I agree to complete at least **10 hours** of financial education and at least **6 hours** of asset-specific education offered by the partner organization I am working with, or by referral through a third party. I understand that I must complete these requirements and submit a certificate of completion prior to my first withdrawal in order to qualify for match funds. Additionally, I agree to complete a participant development plan (PDP) detailing how I will achieve my savings goal and identify potential barriers to its completion. The PDP must be completed before I can access funds.

5. Withdrawing funds:

By signing below you agree to and understand the following:

- I cannot withdraw funds without saving for at least 6 months.
- If I have missed two or more deposits within the previous 3 months, I may be ineligible to withdraw funds.
- Funds cannot be withdrawn until my savings goal is met, unless I choose to reduce my goal or have a save and spend plan.
- The minimum amount I can withdraw is \$100.
- I can only request withdrawals for the specified asset goal in this agreement and for the purposes stated in my personal development plan.
- I am required to turn in receipts showing all funds have been applied to my previous withdrawal request before requesting additional purchases. I may not be allowed to access additional funds if I fail to provide a receipt more than one time.
- I am required to withdraw a portion of my IDA savings as authorized with each matched withdrawal within 30 days from the date the authorization is issued. Failure to do this one time will require reimbursement to CASA of Oregon. Failure to do this more than one time may result in immediate early exit from the program.
- If matching funds are returned to CASA from a vendor within 60 days from when I have completed the program, I will be notified and given another 30 days to spend the money. If the funds are returned after the 60 days, or I'm unable to spend them within 30 days, I will no longer have access to the matching funds. Any of my own money that is returned to CASA will be sent to the last address I have on file with CASA or will be sent as unclaimed property to the State of Oregon.
- I understand that in the case of an emergency (saver's medical emergency, threat of eviction, or expenses related to the loss of a job) I can apply for an unmatched emergency withdrawal. I must repay the funds within 12 months or it will affect my participation status and ability to withdraw funds in the future.
- I understand that my IDA savings and interest earned on those savings may be subject to garnishments.
- I understand that I must spend my IDA funds within 6 months after reaching the end of my savings period. Otherwise, the balance of my savings will be returned as an unmatched withdrawal and any unused match will be forfeited.
- I understand my IDA funds cannot be used to reimburse me for past purchases or to pay for any debt.

6. Change of asset goal:

I understand that I may change my asset goal one time while I am in the IDA program. If I have made any matched withdrawals I am not eligible to request a change to my asset goal. If I change my asset goal I will need to amend my savings plan and complete additional asset specific education.

7. Program evaluation:

I understand that I will be asked to participate in a program evaluation at the end of the program, and occasionally during my savings period, depending on my asset goal. I understand that:

- Participation in the evaluation will include an exit interview upon program completion and two confidential surveys, one when leaving the program, and another twelve months later. The exit interview will come from CASA of Oregon, while the two confidential surveys will come from Neighborhood Partnerships.
- The results of the program evaluation may be published, but my name and identity will remain confidential, unless CASA is expressly given permission. CASA of Oregon may seek out a formal success story to be shared upon completion.

8. Matching funds: If I satisfy all of the requirements of the IDA program, CASA of Oregon will match three dollars for every dollar in the VIDA Program or five dollars in the MCSP program. I understand that if I switch between programs the match rate reverts to that of the program I am enrolled in. I understand that the matching funds will not be deposited into my IDA account and that these funds will be held on my behalf by CASA of Oregon.

9. Account statements: CASA of Oregon will send quarterly statements by mail showing my savings and any match I have earned. These statements will not be mailed if I have an email address on file. In lieu of a paper statement, I understand that I am expected to enroll in Esaver, an online portal that allows me to access my IDA balance information, forms, and other pertinent information.

10. Disbursal of matching funds: Matching funds will be paid directly to the vendor via a third-party business check (or electronic transfer in certain cases) and must be used within six months after the savings period end date. I understand that it is my responsibility to confirm that a vendor accepts third-party checks and that these checks will be processed within 7-10 business days, in most cases.
11. Amendments to this agreement: CASA of Oregon has the right to amend this agreement by providing me with written notice of any change by mail or email.
12. Actions that may prevent me from receiving match funds, or be cause for early exit from the program:
 - Not opening my savings account by the date specified in the welcome letter
 - Missing three consecutive deposits without an approved leave of absence
 - Missing six deposits within my savings period
 - Not maintaining Oregon residency
 - Not completing the required financial education, asset training and personal development plan
 - Withdrawing funds from my IDA account without prior approval from CASA of Oregon
 - Failing to reach my savings goal before my savings end date
 - Failing to spend all funds within 6 months of my savings end date
 - Failing to communicate with my IDA specialist or responding to requests from my IDA specialist
 - Other failure to comply with the requirements of the program, as determined by CASA of Oregon or as established by the partner organization.

Designate a beneficiary in case of death (optional)

Name: _____ DOB: _____ Phone: _____

Mailing address: _____

I have read the above agreement in its entirety and have had the opportunity to ask questions and express concerns which have been addressed by the IDA specialist to my satisfaction. I agree to abide by this agreement and rules of the program contained in the saver handbook, supplied to me by my IDA specialist and incorporated into this agreement by reference effective upon the date listed below

Applicant Signature: _____ Date: _____

I have pre-screened the eligibility of this saver based on the current Oregon IDA Initiative Income and Asset limits and verified that the application documentation submitted is accurate to the best of my knowledge. I further understand my responsibilities for supporting the saver according to the policies above, those in my IDA partner contract and the relevant handbooks. I have supplied a copy of the saver handbook to the applicant and have explained the content and context of the policies contained in this agreement.

IDA specialist signature: _____ Date: _____