

Change of Asset Request Form

Please complete the information below to request a change of asset. Your request will be reviewed by DHCD/VIDA. You will receive either an approval or denial letter within two weeks. DHCD will consider change of asset requests on a first come, first serve basis as program funding is available.

- Preference will be given to individuals who:
1. have shown a pattern of regular saving and have higher balances in their VIDA account; and
 2. are not close to or past their two-year participation period.

If your request is approved, you will need to work with your intermediary on receiving the appropriate asset specific training and developing a new savings plan for your new asset purchase. **A change of asset approval does not change your enrollment date; therefore, you must adhere to your two-year participation timeframe or the May 1, 2012 grant closeout date.**

Saver name:					
Address:	Street:				
	City:	State:		Zip code:	
Telephone numbers:	Home:			Cell:	
Intermediary site name:					
What is the new asset goal you would like to pursue (choose only one by an "X"):					
Business: <input type="checkbox"/> *note: business savers must submit a copy of their business plan to DHCD for approval before making an asset purchase			Education: <input type="checkbox"/> If education who will be the student? You <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>		
What are your reasons for switching?					
What specific things will you use these funds towards?					
By what date do you anticipate making your first matched withdrawal under the new asset goal?					
By what date do you anticipate graduating from the VIDA program? This means completing all of your purchases.					
Saver's Signature:				Date:	
Intermediary's Signature:				Date:	

Please return this form to your intermediary. The intermediary will forward the information to the DHCD/VIDA office.