



Assets for Independence (AFI) Serving Domestic Violence Survivors Toolkit

Strategies for partnerships between the asset building and domestic violence services communities



This toolkit has been developed for AFI grantees and Domestic Violence service providers interested in working together to help domestic violence survivors become financially stronger. The information compiled provides step-by-step guidance to bring partnerships from concept to reality.



April 2012

Table of Contents

Chapter 1: Purpose and Background Information.....	1
<i>Why This Toolkit?</i>	1
<i>Don't Let this Toolkit Sit on a Shelf!</i>	4
<i>New Federal Initiative: Building Assets for Survivors of Domestic Violence</i>	5
<i>Do Domestic Violence Survivors Make Good AFI Candidates?</i>	8
<i>Why Should AFI Grantees and Domestic Violence Service Providers Partner?</i>	11
Chapter 2: Information for Domestic Violence Service Providers	12
<i>Assets for Independence (AFI): A Primer for Domestic Violence Programs</i>	13
Asset Building: Background and Philosophy	13
Assets for Independence: Key Program Elements	15
<i>Asset Building for Survivors of Domestic Violence</i>	20
Talking to Domestic Violence Survivors about Asset Building: When and How to Introduce the Conversation	20
Safety First: Addressing Risks and Enhancing Safety for All AFI Participants	22
Building the Foundation for Saving: Working with Survivors Not Ready to Open IDAs.....	24
How Can You Determine When a Survivor Is IDA Ready?.....	30
Helping Domestic Violence Survivors Be Successful IDA Savers	31
Some Tips for Survivors on Starting an IDA.....	34
<i>Building Partnerships</i>	37
Why Should DV Programs Partner with AFI Projects?	37
Steps to Building Successful Partnerships	38
Continuum of Partnering: Finding What Works for Your Community	44

Table of Contents (continued)

Two Models for Providing AFI Services to DV Survivors: DV Coalition as AFI Grantee and Community Partnership Model	46
Chapter 3: Information for AFI Grantees	54
<i>What Is Domestic Violence?.....</i>	<i>55</i>
Understanding the Nature and Impact of Financial Abuse	56
<i>A Look at the Domestic Violence Field.....</i>	<i>60</i>
Key Federal Funding Provided	60
Domestic Violence Programs: An Overview	61
Domestic Violence Services: Key Issues to Consider	62
<i>Asset Building for Survivors of Domestic Violence</i>	<i>64</i>
Safety First: Addressing Risks and Enhancing Safety for All AFI Participants	64
Building the Foundation for Saving: Working with Survivors Not Ready to Open IDAs	66
How Can You Determine When a Survivor Is IDA Ready?.....	70
Helping Domestic Violence Survivors Be Successful IDA Savers	71
Some Tips for Survivors on Starting an IDA.....	74
<i>Building Partnerships.....</i>	<i>77</i>
Why Should AFI Programs Partner with Domestic Violence Service Providers?	77
Steps to Building Successful Partnerships	78
Continuum of Partnering: Finding What Works for Your Community	84
Two Models for Providing AFI Services to DV Survivors: DV Coalition as AFI Grantee and Community Partnership Model	86
Chapter 4: Additional Resources.....	94
<i>AFI Contacts.....</i>	<i>94</i>
<i>Domestic Violence Service Provider Contacts</i>	<i>96</i>
<i>Financial Education Curricula for Domestic Violence Survivors.....</i>	<i>96</i>

Table of Contents (continued)

Resources for DV Service Providers Interested in Becoming AFI Grantees99

 Draft MOUs (Courtesy of the Kentucky Domestic Violence Association) 99

 IDA Program Documents (Courtesy of the Kentucky Domestic Violence Association)..... 105

Resources for AFI Grantees and DV Service Providers Interested in Partnering with Each Other121

 Draft Letter of Commitment (Courtesy of the Texas Council on Family Violence) 121



Assets for Independence (AFI) Serving Domestic Violence Survivors Toolkit

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CHAPTER FOUR



This toolkit has been developed for AFI grantees and Domestic Violence service providers interested in working together to help domestic violence survivors become financially stronger. The information compiled provides step-by-step guidance to bring partnerships from concept to reality.



April 2012

Chapter 4: Additional Resources

Find an AFI Project

Contact and speak to someone at the AFI Resource Center at 1-866-778-6037 or info@idaresources.org to get connected to a local AFI project.

In This Section:

- ▶ **AFI Contacts**.....94
- ▶ **Domestic Violence Service Provider Contacts**.....96
- ▶ **Financial Education Curricula for Domestic Violence Survivors**96
- ▶ **Resources for DV Service Providers interested in Becoming AFI Grantees**99
- ▶ **Resources for AFI Grantees and DV Service Providers interested in partnering with each other**.....121

This section of the toolkit provides domestic violence (DV) programs and AFI grantees with some helpful forms and contact lists to use as they initiate partnerships. These resources include links and information for contacts for AFI grantees and state and local domestic violence agencies. Also included are sample contracts, checklists and draft MOUs for DV service providers interested in becoming AFI grantees, and a sample AFI match funds commitment letter.

Please note that these documents are considered examples only, and the language used is not specifically endorsed by AFI. You can contact the AFI Resource Center if you have questions about developing materials. Please also check the online version of this toolkit periodically at <http://idaresources.org> (go to the Domestic Survivors box) for additions to this section.

AFI Contacts

- ▶ A list of active AFI grantees by state can be found on the IDA Resources website at: <http://idaresources.org/afigrantees>.
- ▶ An interactive map to visually see where grantees are located can be found at: <http://idaresources.org/Map>.

- ▶ You can also contact and speak to someone at the AFI Resource Center at **1-866-778-6037** or info@idaresources.org to get connected to a local AFI project.

Other Asset Building Resources

- ▶ ***The Corporation for Enterprise Development (CFED)*** is a national non-profit organization focused on improving economic opportunity for low-income families through research and policy development. CFED initiates a number of asset building projects, including the yearly Assets and Opportunity Scorecard for each of the fifty states that provide a state-by-state snapshot of household financial security and state policy around assets. ***More information about CFED can be found at <http://www.cfed.org>.***
- ▶ ***Many states have state asset building coalitions*** that provide information about member organizations and specific state asset policies. The Asset Coalition Toolkit for States (ACTS) website has an interactive map to help identify state asset building coalitions: <http://www.assetcoalitiontoolkit.org/state-coalition-search-map>. Each state has a link to the CFED Assets and Opportunity Scorecard and more information about the state’s asset policy from the Center for Social Development (CSD), as well as contact information for the state coalition, if available.
- ▶ ***For the latest AFI Report to Congress***, which details outcomes for AFI grantees since the start of the Assets for Independence program, visit the Publications and Reports page on the AFI website: <http://www.acf.hhs.gov/programs/ocs/afi/research.html>.
- ▶ ***For the full text of the legislation*** that authorized the Assets for Independence Act, see <http://www.acf.hhs.gov/programs/ocs/afi/afialaw2000.pdf>.
- ▶ ***Bank On programs*** are organizations nationwide that “negotiate with banks and credit unions in local communities to reduce barriers to banking and increase access to the financial mainstream. Typically led by local government or state public officials, Bank On programs are voluntary, public/private partnerships between local or state government, financial institutions, and community-based organizations that provide low-income un- and underbanked people with free or low-cost starter or ‘second chance’ bank accounts and access to financial education.” ***More information about Bank On, including how to find the local Bank On program in your area, can be found at <http://joinbankon.org>.***

Domestic Violence Service Provider Contacts

- ▶ To contact the National Domestic Violence Hotline, call **1-800-799-SAFE (7233)** or **TTY 1-800-787-3224** (for hearing impaired individuals).
- ▶ Domestic violence coalitions help connect local domestic violence providers in states and territories, and provide valuable resources about state/territorial services, program and policy. To find information about state and territory domestic violence coalitions, you can visit the links to each individual coalition on the VAWnet (National Online Resource Center on Violence Against Women) website: <http://www.vawnet.org/links/state-coalitions>.
- ▶ The state coalition pages list local shelters and domestic violence agencies within their state.

Other Domestic Violence Resources

- ▶ **VAWnet** also has a special collection on asset building and IDAs to assist domestic violence advocates interested in connecting clients to these opportunities. The collection includes general information about asset building, as well as information about how it intersects with domestic violence, and can be found at <http://www.vawnet.org/special-collections/DVAssetBuilding.php>.

Financial Education Curricula for Domestic Violence Survivors

Overview

For an overview of the financial education materials available for survivors, see:

- ▶ ***Exploring the Intersection Between Financial Capability and Domestic Violence:*** A workshop hosted by the U.S. Department of the Treasury, the Social Security Administration, and the UW-Madison Center for Financial Security in May 2011. Meeting materials, including a meeting summary, PowerPoint presentations, and research briefs, are available at: http://cfs.wisc.edu/events/DV_Workshop.aspx

Curricula

Inclusion of the following curricula does not constitute an endorsement by the Building Assets for Survivors of Domestic Violence initiative.

► **Allstate Foundation**

The **Moving Ahead through Financial Management** curriculum addresses:

- ❑ Strategies for addressing the complex financial and safety challenges of ending a relationship with an abusive partner
- ❑ Information on how to protect personal and financial safety in an abusive relationship and after leaving an abusive relationship
- ❑ Methods for dealing with the misuse of financial records
- ❑ Resources for working through the financial and safety challenges of identity change
- ❑ Tools to help people of all incomes and earning power work toward long-term economic empowerment, including budgeting tools, step-by-step planners and more
- ❑ Tactics for locating and accessing local, state and national personal safety and financial resources

The curriculum is available for free download online from:

<http://www.clicktoempower.org/financial-tools/financial-empowerment-curriculum.aspx>.

An evaluation of the Allstate curriculum is also available:

http://cfs.wisc.edu/DV_Workshop/Postmus_PowerPoint.pdf.

► **National Coalition Against Domestic Violence (NCADV)**

The **Hope & Power for Your Personal Finances: A Rebuilding Guide Following Domestic Violence** curriculum was created by NCADV, the National Endowment for Financial Education and Intuit. It was developed to help domestic violence survivors regain control of their finances. The curriculum is designed to be helpful both for women who have left an abusive relationship and for those still in the relationship and considering their options.

Organizations and survivors may obtain a free copy for review from:

<http://www.ncadv.org/programs/FinancialEducation.php>. *Organizations can also order multiple copies for a small fee.*

▶ ***Redevelopment Opportunities for Women (ROW)***

ROW's Economic Action Program (REAP) is a 12-hour group economic education curriculum. It is provided by ROW on-site at several locations, including emergency shelter programs and non-residential social service programs that serve low income women. The curriculum covers budgeting, credit and banking topics, and addresses safety issues throughout. REAP participants receive credit counseling and assistance developing an individualized economic plan.

For more information, go to: <http://www.row-stl.org/Content/REAP.aspx>.

▶ ***Federal Deposit Insurance Corporation (FDIC)***

FDIC's **Money Smart** curriculum was updated in October 2010 to include information about helping domestic violence survivors recover from financial abuse. The FDIC website includes examples of how organizations have used the curriculum to serve domestic violence survivors:

<http://www.fdic.gov/consumers/consumer/moneysmart/newsletter/sum2011/stories.html>.

To order a free copy of the FDIC curriculum, go to the FDIC website's Money Smart page and click on "Order Money Smart":

<http://www.fdic.gov/consumers/consumer/moneysmart/index.html>.

[Resources for DV Service Providers Interested in Becoming AFI Grantees](#)

Draft MOUs (Courtesy of the Kentucky Domestic Violence Association)

Sample MOU for member organizations in a coalition model

Why a Memorandum of Understanding?

This sample MOU can be tweaked for your own use to outline each agency's responsibilities and help solidify the partnership. This agreement can help reduce conflict and maintain continuity when there is staff turnover. The MOU can be revised yearly to incorporate necessary changes and make sure that everybody is still on board.

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into by and between Kentucky Domestic Violence Association (KDVA) and its Partner Organizations for KDVA's Individual Development Account program.

In consideration of the rights and obligations set forth below, the parties agree as follows:

1. Partner Organizations will identify clients who are eligible to participate in the Individual Development Accounts (IDA) program.
2. Partner Organizations will assist clients in making application to Kentucky Domestic Violence Association (KDVA) for eligibility approval.
3. Partner Organizations will provide financial education classes for its participants or facilitate the enrollment of clients in financial education classes provided by community partners.
4. Partner Organizations will provide one-on-one monthly case management to participants and monitor client participation in program as outlined by KDVA requirements. Clients who establish good savings records and complete the financial education requirements may be eligible for quarterly case management in the 2nd and 3rd years.
5. KDVA will administer the program for its full five-year life; coordinate and integrate all organizations involved, including funders, financial institution partners and community organization partners.
6. KDVA will coordinate and provide training for all partner programs.
7. KDVA will provide the Partner Organizations and the participants with monthly statements showing the participants' deposits and their matches.
8. KDVA will send checks from IDA accounts to post-secondary education institutions, banks, mortgage companies and other appropriate vendors.

To indicate their understanding of and agreement to the terms of this MOU, the parties have executed this instrument on the day of ,

Name

Name

Organization

Organization

Date

Date

Sample MOU with financial institution partner to set up participant IDAs

SAVINGS ACCOUNT PROGRAM AGREEMENT

The Kentucky Domestic Violence Association Individual Development Account Program Agreement (“Agreement”) is executed as of January, 2012 by and between KDVA, Barren River Area Safe Space (BRASS) and PNC Bank (“PNC”).

RECITALS

WHEREAS, BRASS has developed an Individual Development Account (“IDA”) initiative; and

WHEREAS, the Program benefits certain qualified low income clients (“Clients”) in the Commonwealth of Kentucky; and

WHEREAS, BRASS requires clients to save a minimum of twenty dollars (\$20) a month for at least one (1) year and up to three (3) years to qualify for a four to one match; and

WHEREAS, PNC has agreed to offer savings accounts to Clients referred to PNC by BRASS, sponsor of the Program.

NOW THEREFORE, by mutual consent of the parties and for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

PNC RESPONSIBILITIES

1. PNC will offer agreed upon no-cost savings accounts (“Accounts”) in which Clients can deposit funds on a regular basis.
2. PNC will waive low balance fees and will provide current interest rates for said Accounts.
3. PNC shall use information provided on Clients’ Program application form to set up Accounts. PNC will require one (1) acceptable form of personal identification from Clients.
4. PNC will inform BRASS and Client of any early withdrawal penalties or special charges for Account closure.

5. PNC shall, at the completion of the Program, provide to Client an official check covering the balance in the Account and made payable to Client AND a specific vendor provided by BRASS.
6. PNC will, during the term of the Program, provide BRASS with information concerning the account for reports required by the Assets for Independence Program.
7. PNC will, with the Client's written consent, provide Client Account statements to BRASS on a regular basis.

BARREN RIVER AREA SAFE SPACE RESPONSIBILITIES

1. BRASS will recruit, screen and provide a program orientation to Clients before the Accounts are opened.
2. BRASS will provide two (2) weeks' notice to PNC when its presence is necessary to open Accounts at group sessions.
3. BRASS will inform PNC that the Applications have been completed and that the Clients have been accepted into the Program. BRASS will, with Clients' consent, be provided with a list of Accounts opened at PNC branches.
4. BRASS will provide PNC with necessary Account and Program information for use in regulatory examinations.
5. BRASS will provide to PNC a written form regarding vendor specific information in order that PNC can generate accurate official checks to the Client at the conclusion of the Program.
6. BRASS will indemnify and hold harmless PNC, its successors and assigns from and against any and all claims, suits, actions, damages, losses, judgments and expenses (including any and all attorney fees) of any nature whatsoever incurred by PNC and arising from PNC's participation in the Program.

IN WITNESS WHEREOF, the parties to this Agreement have caused this Agreement to be executed by their duly authorized officers as of the date first written above.

BARREN RIVER AREA SAFE SPACE

PNC BANK OF BOWLING GREEN

By:

By:

Name:

Name:

Title:

Title:

Sample MOU with financial institution partner to set up project reserve fund account

Kentucky Domestic Violence Association IDA Memorandum of Understanding Fifth Third Bank 2012

Fifth Third Bank is making an in-kind contribution to the Kentucky Domestic Violence Association (KDVA) IDA program. The details of this commitment are:

1. Fifth Third will hold a Reserve Account, in the name of the KDVA IDA Project, which will hold both Fifth Third's non-federal match and the federal match.
2. In accordance with the Asset for Independence Act (AFIA), Fifth Third agrees to deposit into the Reserve Account all funds provided to it from public or private sources in connection with the AFIA demonstration project.
3. The Reserve Account will accrue interest monthly at an annualized tiered rate (depending on the balance) of 0.12% on the average monthly collected balance. (Rate is subject to change due to periodic rate adjustments made by the bank at its discretion.) Any rate changes will be reflected on the regular monthly statement.
4. The no cost IDA accounts will be opened for up to 92 individuals who are approved IDA applicants for up to three years.
5. KDVA will be responsible for tracking all monthly matches. Since all matching funds are held in the Reserve Account, the matching contributions plus interest accrued will only be issued from the bank when a participant supplies a completed Authorized Withdrawal Form to the bank and only for the amount stated on the authorized withdrawal form.
6. The IDA accounts will be regular interest-bearing savings accounts, held in the name of the participant and will accrue interest. The interest rate on the match will be 0.10% for account balances up to \$5,000.00. Rates are subject to change due to periodic rate adjustments made by the bank at its discretion. Any accrued interest on participant's savings above \$10 will be surrendered to the IDA Emergency Fund.
7. Fifth Third Bank complies with Federal Deposit Insurance Corporation (FDIC) accounting regulations, reporting quarterly and annually. KDVA follows Government Auditing Standards: OMB A-133 Uniform Administrative

Requirements for Grants and Agreements for Non Profit Organizations, and A-122 Cost Principles for Non Profit Organizations.

8. The accounting procedures followed in account management at Fifth Third Bank will conform to guidelines required by the U.S. Department of Health and Human Services.
9. Fifth Third will supply KDVA, free of charge, with data and reports as requested by KDVA.
10. Fifth Third agrees to waive fees customarily associated with opening and monthly service fees of an interest bearing savings account for the Reserve Account and the IDAs.

Beth Workman
IDA Program Coordinator

Janet Beard
Fifth Third Representative

IDA Program Documents (Courtesy of the Kentucky Domestic Violence Association)

Sample Application Form

KDVA Classic IDA Program

Checklist

1. All 6 pages of the KDVA IDA Application
 - a) including Credit Authorization Form
2. Verification of all earned income
 - a) pay stub, tax return, and/or letter
3. 4:1 Savings Plan Agreement (2 pages)

Participant Application

*This program is designed to help you save money towards a specified asset. We will match every dollar you save from earned income with four dollars. The maximum savings amount is \$1,000 and the maximum savings period is three years. **This is an application for the program.** The information on this form will be used for program evaluation and to obtain your credit report and will otherwise be confidential.*

How to Use this Sample Application Form?

This sample application form can be used to determine whether a participant is eligible for the AFI IDA program. Another sample application packet can be found on the IDA Resources website: go to www.idaresources.org, and click on the "AFI² System" link, and look under "Data Management Templates and Forms".

Participant Information

Social Security Number

Full Name

First

M.I.

Last

Gender

DOB

Ethnicity

Primary language

Referred By

Address

Apartment No.

City

State

Zip code

County

Years at this address

Home phone

Safe time to call

Work phone

Receive calls

YES NO

Email

Enter the name and address of a relative who would know how to contact you if you moved:

Full Name

First

M.I.

Last

Relationship to You:

Address

Apartment No.

City

State

Zip Code

County

Home Phone

Work Phone

Asset Goal:

Income Source:

IDA Bank Acct. #:

Household Information

Are you (circle): Single, never married married divorced separated widowed

How many adults live in your household (including yourself)?

How many children live in your household?

Employment Information

What is your highest level of education? _____

How long have you been in your current position?

How many hours per week are you working?

Where are you employed?

What is your position?

Referral Information

How did you hear about this program?

Multiple Line entry

Are you currently receiving case management services?

Multiple Line entry

If yes, where?

Multiple Line entry

Income Information

Have you ever received the Earned Income Tax Credit?

Have you ever received Welfare or TANF?

Are you presently receiving Welfare or TANF?

Please list your household **monthly gross income:**

	Participant (self)		Other Household Members
Formal Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Self-employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Government Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension or retirement income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friends/Family Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income (SSI or SSDI)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Source of other income (Food Stamps)?	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL Monthly INCOME

Net Worth Information		Assets Information	Debt Information
<i>Do You...</i>			
	Yes/ No	What is its Value?	How Much Do You Owe?
Own a Vehicle?	_____	<input type="text"/>	<input type="text"/>
Own a Home?	_____	<input type="text"/>	<input type="text"/>
Own a Business?	_____	<input type="text"/>	<input type="text"/>
Own Rental Property?	_____	<input type="text"/>	<input type="text"/>
Have Investments (i.e. 401 k)?	_____	<input type="text"/>	<input type="text"/>
Have a Checking Account?	_____	<input type="text"/>	<input type="text"/>
Have a Savings Account?	_____	<input type="text"/>	<input type="text"/>
Owe Money to Family or Friends?	_____	<input type="text"/>	<input type="text"/>
Have Past Due Household Bills?	_____	<input type="text"/>	<input type="text"/>
Credit Card Bills?	_____	<input type="text"/>	<input type="text"/>
Student Loans?	_____	<input type="text"/>	<input type="text"/>
Medical Bills?	_____	<input type="text"/>	<input type="text"/>
Total the amounts in each column		<hr/>	<hr/>

These are your

Assets

Liabilities

Your assets minus your liabilities are

(If you owe more than you own, put the number in brackets, like (\$1,505).)

Do you currently have health insurance?

Do you currently have life insurance?

Do you currently have auto insurance?

Have You ever declared bankruptcy?

Have you ever defaulted on a loan?

Have you ever used direct deposit?

Do you have a high school diploma or a GED?

John Doe Smith

Name (Printed)

John Doe Smith

Signature*

03/00/2012

Date

*This IDA program reserves the right to change IDA Program rules and policies during the term of this letter of agreement. Written notification of any changes will be provided to participants prior to its taking effect.

Authorization for Credit History Records or Other Records

Request For Credit History Records

By signing this form you verify that KDVA and your participating organization can pull and review your credit report.

NAME:
 Last First MI

SSN:

ADDRESS:
 Street, Name, and Number APT #

City State Zip Code

To Whom It May Concern:

I hereby authorize a representative of the KDVA IDA Project and Kentucky Housing Corporation to inspect and copy all records regarding my IDA participation, including but not limited to, statements, reports, credit history records or any other documents in any form which are maintained by, in the custody of, or in the possession of any institution, organization, or individual. A photocopy hereof shall be considered as fully as the original.

I also understand that program staff may use email to send information about me to KDVA.

This is notice to you as required by the Right to Financial Privacy Act of 1979.

I affirm that the information stated in this application is true to the best of my knowledge. I understand that any information I provide to the program will be used for program evaluation and to obtain credit information for program purposes and will otherwise be kept confidential.

Why Make a Request for Credit History Records?

Reviewing a participant's credit history is essential for establishing a strong financial profile. A participant's permission is required to pull up his or her credit score.

This authorization expires on December 31, 2017 or at my request.

Print Name

Signature

Date

This form is required for all IDA applicants. Please submit all household income information with the application.

Wages, salaries, tips, etc.

Unemployment compensation

Social Security benefits

Student loan interest deduction

Tuition and fees deduction

Total

Applicant signature *

*By signing this form I verify that I am reporting all household income. Household income includes all adults living in my household that receive earned income. If I cannot provide a pay stub to verify my earned income I will provide a letter from my employer, or if I am self-employed, I will provide my most recent tax return.

Savings Plan Agreement

What is a Savings Plan Agreement?

The savings plan agreement outlines the rules and responsibilities of both the AFI grantee and the participant when starting an IDA. The document will explain the restrictions around the AFI account and the timeline for completing program requirements.

IDA Classic Program

Participant:

Signing this agreement verifies that the participant and advocate agrees to abide by the guidelines set forth below:

1. I, agree to make a minimum deposit of \$20/month for a minimum of six months to a maximum of three years. My projected monthly savings is . I understand that all deposits must be from earned income. I will inform my IDA Coordinator if I experience loss of earned income.
2. I plan to use my savings for . The choice of this asset is not set in stone and may change after conferring with my IDA Coordinator.
3. I agree to participate in monthly one-on-one case management sessions for the first year I am enrolled in the program. Following the first year, case management may occur on a quarterly basis if my IDA Coordinator agrees. I will participate in asset purchase specific workshops. It is my responsibility to obtain proper documentation for the completion of the course.
4. I understand that withdrawals are allowed only for purposes stated below and that all withdrawals must be approved by my IDA coordinator and a KDVA representative. My IDA account may be used only for saving toward my IDA goal and not for any other purpose. I understand that the account is not to be used as a checking or emergency savings account.
5. I may make one emergency withdrawal every 12 months to prevent eviction, help with medical emergencies and to meet necessary living expenses (medical, food, clothing, and utilities) following loss of employment. I must reimburse those funds within 12 months or I will lose my matching funds and be removed from the program. Only one emergency withdrawal is allowed per 12 months. In extreme cases, KDVA may approve one additional withdrawal in the lapsed time.
6. If I fail to make a deposit for three months, I must withdraw from the IDA program. I am required to speak with my IDA Coordinator if I experience reduced or loss of earned income.
7. I understand that the IDA program is designed to help develop my savings habits. If I make a lump sum deposit, which is encouraged when I receive my

federal tax return, I will continue to make monthly savings. I also understand that I am encouraged, but not required to make continued monthly deposits once I reach the maximum savings.

8. I understand that I must stay enrolled in the program for at least six months before I can purchase my asset. I also must have at least \$1,000 of my own funds in my IDA before I can purchase an asset.
9. In the event of my death, any balance remaining in the account shall be distributed within 30 days of the death to another account holder for the benefit of the person listed below.

Beneficiary:

Relationship:

10. Each dollar saved (up to \$1,000 for three years) by an account holder will be matched with one dollar each of non-federal and federal funds, only at the time of an asset purchase. This matching money will be held in the IDA reserve account (not the account holder's.) At the time of an approved purchase, match funds will be withdrawn from the reserve account.
11. Participant will be enrolled for at least 6 months before making a purchase and no longer than three years to complete the program; meaning an asset must be purchased no later than three years after opening a qualified IDA.
12. Each month, account holder will receive a bank statement showing savings and interest to date. Account holder can contact the IDA Coordinator or KDVA if there are questions regarding the statement.
13. will coordinate the financial education program and peer support groups that the account holder must attend.
14. will work with the account holder to ensure his/her savings timeline and plan contain realistic goals. The coordinator also will help account holder address any barriers to completing all of the requirements for eligibility including helping him/her find other resources when financial emergencies arise.
15. When the account holder is deemed ready to purchase an asset, the IDA program (KDVA) will write a check directly to the bank or mortgage company, educational institution or applicable vendor. Checks will never be made out to the IDA participants. Checks will only be made out to approved businesses, organizations, firms, or institutions.

Account holder

Date

IDA Coordinator

Date

KDVA Representative

Date

Opening a Bank Account

Participants may need extra guidance when opening their IDA account at a partner financial institution. These instructions would be developed in conjunction with the partner bank.

Instructions for Participants on how to open an IDA account at a partner financial institution

How to open an IDA account with Fifth Third Bank

All IDA participants need to open their IDA accounts at Fifth Third Bank by mail. Please fill out the signature card and attach a copy of your **driver's license** or a picture ID. The items that need to be included in the envelope are: a cover letter which makes clear the program the participant is applying through, the signature card, and a legible copy of the participant's driver's license.

The envelope needs to be sent to:

Contact Person
Bank
Address

If you have any questions, please feel free to **Contact Person** at **Your Organization, (555) 123-4567**. **Your Organization** would like to handle all contact with **Bank**.

Pre-Authorized Bank Withdrawal Form

Making a Withdrawal

When a participant is ready to make an asset purchase, the AFI grantee makes the withdrawal and payment to a third party on behalf of the individual. This form allows the participant to give consent for that withdrawal.

Kentucky Domestic Violence Association (KDVA)
Pre-Authorized Bank Withdrawal Form IDA

Participant Name:

Date:

Please circle Participants Bank: (BB&T, Community Trust, Fifth Third, Heritage, PBI, People’s or PNC)

The above participant hereby authorizes KDVA to make the following transfer regarding my Individual Development Account (IDA) to Kentucky Domestic Violence Account, so that I may make an asset purchase under the terms of the program.

Must Circle One below:

Participant’s Account Number:
Checking or Savings Account

Participant’s Bank Routing Number:

Amount to be transferred: \$

Description of Asset Purchase:

Special Instructions for KDVA only: i.e.: check to be made out to, address for check to be mailed, any other additional special request

KDVA Fifth Third R/T: R/T:

KDVA Fifth Third IDA Account (Please Check One):

Authorizations:

Participant KDVA Representative

Asset Purchase Checklists

How to Use Asset Purchase Checklists

Asset purchase checklists can help participants properly prepare for an asset purchase. Many purchases require specialized education (e.g. homeownership education), and this checklist can help ensure that the requirements are met.

Individual Development Account Post-Secondary Education Purchase Checklist

Please discuss these issues with Mary, Beth, Vickie or Andrea BEFORE your IDA participant makes an asset purchase:

1. What is the account holder's updated credit score? How does it compare to her credit score when she enrolled?
2. Does the account holder's file include a copy of her certification or any kind of documentation that she attended as asset specific education workshop?
3. Does the participant qualify for student loans? How much is the student taking out in loans? What is the student loan interest rate?
4. What are the check request details: Who or what agency is the benefactor of the check? How much is the check for? Where will the check be mailed?
5. Have you discussed these questions with a KDVA staff member three weeks before the asset purchase request?

KDVA needs this documentation before it can issue a check to the lender:

1. KDVA's Authorized Withdrawal and Transfer Form
2. Enrollment at a post-secondary education institution
3. Invoice
4. Certificate of workshop completion

Individual Development Account Small Business Purchase Checklist

Please discuss these issues with Mary, Beth, Vickie or Andrea BEFORE your IDA participant makes an asset purchase:

1. What is the account holder's updated credit score? How does it compare to her credit score when she enrolled?
2. Does the account holder's file include a copy of her certification or any kind of documentation that she attended a small business and/or micro-enterprise education class?

3. Does the participant qualify for any local small business loans?
4. Has the participant opened a small business bank account in the name of the small business?
5. Has the small business plan been approved by a small business counselor from a Small Business Administration organization?
6. Is the participant the sole owner of the small business? If not, are they an equal partner?
7. What are the check request details: Who or what agency is the benefactor of the check? How much is the check for? Where will the check be mailed?
8. Have you provide KDVA with an approved copy of the small business plan three weeks before the asset purchase request?
9. Check requests can take up to 1 week to process.

KDVA needs this documentation before it can issue a check to the lender:

1. KDVA's Authorized Withdrawal and Transfer Form
2. Small business plan
3. Small business plan approval
4. Certificate of workshop completion
5. Invoice for item(s) to be purchased

Individual Development Account **Home Purchase Checklist**

Please discuss these issues with Mary, Beth, Vickie or Andrea BEFORE your IDA participant signs a purchase agreement:

1. What is the account holder's updated credit score? How does it compare to her credit score when she enrolled?
2. Does the account holder's file include a copy of her certification or any kind of documentation that she attended a home-ownership education class?
3. Has the account holder talked to Kentucky Housing Corporation or other community partners about whether she is eligible for down-payment assistance?
4. Does the account holder understand that her home must be on a permanent foundation (in the event that she is considering a non-stick-built home)?

5. Has the account holder found a lender offering a mortgage with terms in the account holder's best interest for the long-term? If so,
 - a) What is the interest rate?
 - b) What is the monthly payment and does it include insurance and taxes?
 - c) How does the mortgage payment compare to her rent payment?
 - d) Does the mortgage payment comprise a disproportionate share of her income?
6. What are the check request details: Who will the check be made out to? For how much? Where will the check be mailed?
7. Have you notified KDVA of the closing date at least three weeks in advance?

KDVA needs this documentation before it can issue a check to the lender:

1. KDVA's Authorized Withdrawal and Transfer Form
2. Copy of updated credit report
3. Proof of completion of a home-ownership education class
4. HUD 1. If the lender cannot send KDVA the HUD 1 at least a week in advance of closing, please make plans with the account holder for payment of next-day or two-day mail fees to ensure her check arrives in time for the closing.

[Resources for AFI Grantees and DV Service Providers Interested in Partnering with Each Other](#)

Commitment Letter

Like a Memorandum of Understanding, a letter of commitment can help outline what each partner is bringing to the collaboration, and can be used as supporting documentation when applying for grants and funding.

Draft Letter of Commitment (Courtesy of the Texas Council on Family Violence)

A sample commitment letter to provide AFI non-federal matching funds



December 18, 2009

Delia Chavez

Executive Director

El Paso Collaborative for Community and Economic Development

1359 Lomaland Drive, Suite 516

El Paso, TX 79935

Re: El Paso Collaborative Assets for Independence-IDA Program Commitment of Matching Funds

Dear Ms. Chavez:

On behalf of the Texas Council against Family Violence, it is my pleasure to commit \$30,000 to the El Paso Collaborative for Community and Economic Development as non-federal matching funds to support a new AFI-IDA Program that will help program-eligible, domestic violence survivors in the El Paso area to develop long-term assets.

The source of these funds is a grant from The Allstate Foundation. These funds were specifically designated to be used for a pilot matched savings program in El Paso, Texas.

We strongly support your partnership with the El Paso Center against Family Violence to develop this project and look forward to working with you. It is our hope that this project will serve as a model project throughout Texas.

Sincerely,

Krista Del Gallo

Policy Manager | Texas Council on Family Violence