



FAMILY ASSETS FOR
INDEPENDENCE
IN MINNESOTA

FAIM Program Matched Withdrawal Form

This form is completed when a participant requests approval for a payout.

Agency Name: _____ FAIM Coach: _____

Participant Social Security #: _____ (last 4 digits) Grant #: _____

Participant Full Name: _____

Vendor Name: _____ Attn: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone: _____

Only if FAIM payment must be sent to the vendor at a different office/address:

Vendor Name: _____ Attn: _____

Mailing Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone: _____

Special Instructions:

Participant **MUST** be in FAIM a minimum of 6 months + 1 day from first deposit before requesting any payout.

First Deposit Date: _____

Minimum Enrollment Date: _____

TOTAL Payout Amount: \$ _____ Check VistaShare for funds available!

If this is a partial payout: Payout Amount = amount of college billing statement, invoice, etc.

Client Savings Portion of Payout: \$ _____

If this is a partial payout: Client Savings Portion = Total Payout Amount (above) divided by 4

****** If this amount does not come out to an even cent, ALWAYS round client funds UP to the next full cent ******

Match Portion of Payout: \$ _____

If this is a partial payout: Match Portion = Total Payout Amount – Client Savings Portion (from above)

****** Match amount CANNOT be more than 3 times the client amount above. ******

Intended Use of Matched Withdrawal (check the asset and complete necessary info):

Post-Secondary Education

➤ Student Name: _____

➤ Term Drop/Add Class Date: _____

Business Development

➤ Business Name: _____

➤ Nature of Business: _____

Home Purchase

➤ Closing Date: _____

➤ Purchase Price: \$ _____

Vehicle Purchase

➤ Year: _____ Make: _____ Model: _____

➤ Purchase Price: \$ _____



FAIM Program Education Notes Form

Grant #: _____ Agency Name: _____

Date: _____ FAIM Coach: _____

Participant Full Name: _____

Required Trainings:

Financial Management Training – **12 hours**
Curriculum Used: _____

Completed:

Date: _____

and 10 additional hours of asset training:

Home Purchase / Ownership
Curriculum Used: _____

Date: _____

Business Development / Plan Completion

Date: _____

Post-Secondary Education / Career Exploration

Date: _____

Vehicle Purchase / Ownership

Date: _____

529 College Savings

Date: _____

Training Details: _____

Emergency Savings

Date: _____

Training Details: _____

Mark services provided to the FAIM participant by the coach or local agency:

Personal Financial Coaching (required)

Budgeting Assistance

Case Management

Cash Assistance

Childcare Assistance

Credit Building Loan

Credit Counseling

Crisis Management

Employment Support

Food Support

Medical Treatment

Mentoring

Peer Support

Transportation Assistance / Voucher

Referrals / Resources - list: _____

Notes:

FAIM Coach: Send form to FAIM Admin with payout request and/or at time of exit. Retain a copy of the training completion certificate(s) and asset-specific training hours tracking form in the local client file with a copy of this form.



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FAIM Program Savings Transfer Request Form

(to transfer only the client savings portion of the total payout)

- This is the Family Assets for Independence in Minnesota (FAIM) Program notice to Bremer Bank that _____ (account holder full name) has completed:

Part of their FAIM contract and is requesting to transfer \$ _____

All of their FAIM contract and is requesting to transfer all funds, including interest,

from their FAIM savings account number _____. Your institution is requested to forward the amount above to West Central MN Communities Action, Inc. per the following:

- Process an internal transfer to Bremer Account 7125252, West Central MN Communities Action, Inc.**

OR, if internal transfer option is NOT available: send check or money order payable to:

West Central Minnesota Communities Action, Inc.

411 Industrial Park Boulevard

Elbow Lake, MN 56531

Attn: FAIM

Telephone: 218-685-4486

Fax: 218-685-6741

Heather Carlson, Fiscal Director

E-mail: heatherc@wcmca.org

Please direct any questions regarding the funds transfer request to:

Local Agency: _____ FAIM Coach: _____

Coach Phone: _____ Email: _____

FAIM Account Holder Physical Signature: _____

If client was not able to physically sign above, include copy of Signature Authorization for Withdrawals Form.

Local FAIM Coach Physical Signature: _____

FAIM Admin Physical Signature: _____ Date of This Request: _____

Local FAIM Coach:

- **This form is used to transfer client savings/interest (not match) from their FAIM savings account to WCMCA.**
- **Send this completed form to FAIM Admin with the payout request paperwork – Admin will send to Bremer.**

******* For Bremer Bank Use Only *******

Received by: _____ Date: _____

Transfer Completed: _____ Amount: \$ _____

Will the FAIM savings account be closed upon completion of this transfer: Yes No

Bremer Bank staff signature: _____

Bremer Bank Staff - email a copy of the completed form to FAIM Admin: suet@wcmca.org.