



## IDA Grant Reassignment Affidavit

I, \_\_\_\_\_, approve my reassignment from IDA Grant \_\_\_\_\_ to IDA Grant \_\_\_\_\_. I certify that I meet the following requirements for reassignment.

Participant Name

Original Award

New Award

- I am in good standing with the program guidelines
- I have completed financial education and asset goal specific training
- I have demonstrated a consistent savings record, as prescribed by the savings plan agreement
- I have not made any emergency withdrawals
- I have been enrolled in the program at least six months
- I have not been reassigned previously

### Participant Terms and Conditions

I understand that this reassignment requires me to make my allowable asset purchase by end of the new project period: \_\_\_\_\_. Failure to complete my asset purchase(s) by the end of this project period will result in the forfeiture of my state match funds and the return of my personal savings to me.

Expiration Date of New Award

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

### Agency Statement of Agreement

We, \_\_\_\_\_ (agency), agree to allocate match funds and administrative support from the new IDA grant \_\_\_\_\_ to support this participant's asset purchase. We have informed the participant of possible ramifications of a reassignment. We have also discussed the terms and conditions with the participant and ensure that the participant meets the eligibility requirements. We understand that if a reassignment does not meet the guidelines set forth in the **new grant manual for IDA program round** \_\_\_\_\_, may result in compliance issues during the state compliance visit.

IDA Administrator

New Award

New Award

\_\_\_\_\_  
**Signature of Administrator**

\_\_\_\_\_  
**Date**