



2872 Mission Drive, Shelbyville, MI 49344 | {p} 269.397.1780 | gunlaketribe-nsn.gov

WSHKE GAZHGID IDA Program Qualified Withdrawal Form

APPLICATION INFORMATION

Last Name		First Name		MI	Social Security Number	
Current Address			City		State	Zip Code
Home Phone Number () -		Cell Phone Number () -		E-mail Address		

SAVINGS HISTORY AND ACCOUNT INFORMATION

Date IDA Account Opened:		Account Number	Amount of Withdrawal \$
What category is your Qualified Purchase?		<input type="checkbox"/> Education	<input type="checkbox"/> Vehicle <input type="checkbox"/> Business
Merchant Information:			
Make Check Payable to:	Name	Address	
Financial Education Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

QUALIFIED WITHDRAWAL REQUEST

Please briefly explain the use for funds withdrawn:

[REQUIRED SIGNATURES ON NEXT PAGE]

APPLICANT OR PARENT/GUARDIAN CERTIFICATION

I understand the above information will be kept confidential. I certify, to the best of my knowledge and belief that the information contained within or attached to this Qualified Withdrawal Form is accurate and complete.

I, the undersigned, certify that I have read the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Housing Assistance Handbook, Part W and the IDA Rules and Responsibilities and agree to adhere and be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

Applicant Signature	Date
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If Applicant under 18:

I, the undersigned parent/legal guardian of the Applicant, certify that I have read the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Housing Assistance Handbook, Part W and the IDA Rules and Responsibilities and hereby give my minor child (Applicant) permission to receive funds from the IDA Program and understand that he/she will be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

DO NOT seek reimbursement from another department for funding or reimbursement you have already received.

Departments within the Gun Lake Tribal Government communicate and share information with each other. Seeking additional funding or reimbursement from a department for activities already funded by, or reimbursed by, another department or program will not be tolerated. Tribal Citizens who abuse funding from any department will be subject to consequences including, but not limited to, the stoppage of current funding, prohibition from future funding or reimbursement, and/or legal action for the return of any misused funds, at the Tribe's discretion.

Please note that this notice does not apply to requests that seek partial funding or reimbursements from multiple departments or programs in compliance with Tribal law, policy, or procedure.

Parent/Legal Guardian Signature	Date
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