



Assets Illinois Homeownership Participant Agreement

1. My savings goal for my Asset\$Illinois Homeownership Account (IDA) is \$2,000, which if saved, will be matched with an additional \$2,000 provided by the United States Department of Health and Human Services Administration for Children and Families and the Illinois Housing Development Authority.

Initial _____

2. I understand that this program provides a maximum match rate of 1:1, I will save \$2000 and complete my home purchase before December 30th, 2010 and complete my financial education training in as little as 6 months. All saving must come from an earned income.

Initial _____

3. My monthly savings goal amount will be _____. I understand that deposits to my Asset\$Illinois Homeownership Account can only be made through Electronic Funds transfer that I set up with the Asset\$Illinois Project Director at the time of enrollment in the program. I also understand that the Illinois Department of Human Services is authorized to sweep my monthly savings goal amount from my primary checking account on a date that I designate the funds will be available.

Initial _____

4. My failure on two occasions to have funds available to sweep into my Asset\$Illinois Homeownership Account will result in my immediate termination from the Asset\$Illinois pogram. Upon termination, I will have my savings returned to me. I will not be entitled to any match dollars upon my termination from the program. I will also be permanently disqualified from participating in any Asset\$Illinois program offered by the Illinois Department of Human Services.

Initial _____

5. I will not withdraw money from this Asset\$Illinois savings account under any circumstances except if it's an approved emergency withdrawal such as (medical care, eviction and or loss of employment). Unauthorized withdrawals will force me to be dropped from the Asset\$Illinois Education project and to forfeit my rights to any match monies accrued.

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6. In order to receive the Asset\$Illinois match funds, I must prove that I have completed personal money management courses and first time homeowner education. I have the option of receiving this training from the *University of Illinois, the Financial Links for Low Income People Project, HUD Certified Homeownership centers* or from the *Federal Deposit Insurance Corporation's MoneySmart program*. I must prove that I have completed one of these trainings by providing a certificate of completion to the Asset\$Illinois Project Manager.

Initial _____



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7. In the event of my death, I understand that if I designate another eligible individual as the beneficiary, the person will receive both my savings and earned match, provided he or she satisfies all of the project requirements. If I designate someone who is not eligible for an account, the beneficiary will only receive my savings and my earned match will be used to match other account holders. Accordingly, I designate the following beneficiary:

Name: _____ Social Security Number: _____

Initial _____

8. I understand that I can only make a qualified withdrawal after I have been enrolled in the program for at least six months. Costs that may be included are all related closing costs paid at the time of closing, which include but are not limited to appraisal, home inspection costs, down payment costs, interest rate, buy down fees and home inspection costs.

Initial _____

I agree to the terms and conditions as stated above. I recognize that the rules required by this program are designed to maximize the ability of program participants to reach the goal of homeownership within the allotted time and that failure to abide by these rules indicate that I am not prepared to reach the goal of homeownership within the allotted time.

Participant's Signature: _____ Date: _____

Assets Illinois Project Director: _____ Date: _____