

FAIM Payout Request Checklist

Participant Name: _____

Agency: _____

HOMEOWNERSHIP

CERTIFICATE OF MATCHED WITHDRAWAL FORM
CERTIFICATE OF FULL OR PARTIAL COMPLETION
LOAN ESTIMATE which has replaced GOOD FAITH ESTIMATE
CLOSING DISCLOSURE which has replaced SETTLEMENT STATEMENT
or LETTER STATING FUNDS WILL BE APPLIED TOWARDS PRINCIPLE ON MORTGAGE
12 HOURS OF FINACIAL LITERACY DATE COMPLETE _____
10 HOURS OF ASSET SPECIFIC TRAININGDATE COMPLETE _____
ENROLLED FOR 6 MONTHS FOR PARTIAL MATCH/ 1 YEAR PLUS A DAY FOR FULL MATCH
DATE OF 1ST DEPOSIT _____
DATE OF WITHDRAWAL FROM CLIENT ACCOUNT _____
AMOUNT OF WITHDRAWAL FROM CLIENT ACCOUNT _____

EDUCATION

CERTIFICATE OF MATCHED WITHDRAWAL FORM
CERTIFICATE OF FULL OR PARTIAL COMPLETION
COLLEGE INVOICE
RECEIPT FOR BOOKS
3RD PARTY BILLING STATEMENT
SEMESTER ADD/DROP DATE _____
12 HOURS OF FINACIAL LITERACY DATE COMPLETE _____
10 HOURS OF ASSET SPECIFIC TRAININGDATE COMPLETE _____
ENROLLED FOR 6 MONTHS FOR PARTIAL MATCH/ 1 YEAR PLUS A DAY FOR FULL MATCH
DATE OF 1ST DEPOSIT _____
DATE OF WITHDRAWAL FROM CLIENT ACCOUNT _____
AMOUNT OF WITHDRAWAL FROM CLIENT ACCOUNT _____

BUSINESS

CERTIFICATE OF MATCHED WITHDRAWAL FORM
CERTIFICATE OF FULL OR PARTIAL COMPLETION
INVOICE/RECEIPT
IF USING CREDIT CARD INCLUDE STATEMENT AND REMITTANCE STUB
BUSINESS PLAN SIGNED BY A BUSINESS PROFESSIONAL IN LOCAL AGENCY FILE
12 HOURS OF FINACIAL LITERACY DATE COMPLETE _____
10 HOURS OF ASSET SPECIFIC TRAININGDATE COMPLETE _____
ENROLLED FOR 6 MONTHS FOR PARTIAL MATCH/ 1 YEAR PLUS A DAY FOR FULL MATCH
DATE OF 1ST DEPOSIT _____
DATE OF WITHDRAWAL FROM CLIENT ACCOUNT _____
AMOUNT OF WITHDRAWAL FROM CLIENT ACCOUNT _____

NAME OF FAIM COORDINATOR _____