Asset Purchase Request for Match Form

Participant Information

First Name __________________________ Last Name ______________________

Street Address __________________________ City, State, Zip

Phone __________________________ Email __________________________

Preferred contact method: □ Phone □ Text □ Email

Opportunity Passport™ # __________________________ County __________________________

Date of Birth (MM/DD/YYYY) __________________________

Banking Information

Name of Bank/Credit Union: __________________________

Address: __________________________

Current Account Balance: $ __________________________

Amount to be used for Asset Purchase: $ __________________________

Account Balance after Asset Purchase: $ __________________________

(Please call your banking institution for all balance inquiries)

NOTE: A minimum account balance of $65.00 must be maintained to remain an Iowa Opportunity Passport™ participant.

Asset Information

Please attach required supporting documentation

Asset Description:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name and Address of Seller:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How long have you saved for this purchase? __________________________

What was the source(s) of these savings? __________________________

Total cost of Asset: $ __________________________

Participant Share: $ __________________________

Match Amount: $ __________________________

Opportunity Passport Asset Purchase Form 1.2017
Youth Policy Institute of Iowa • www.ypii.org
Donor Appreciation

Matching funds for approved assets are provided in part through the generosity of donors who care about improving the lives of young people involved in the foster care system. The Youth Policy Institute of Iowa requests that Opportunity Passport™ participants who wish to take advantage of matching funds for approved asset purchases use the space below to express their appreciation to the individuals who have graciously provided funding to support the financial goals of participants.

In addition to the expression of gratitude, we also ask that participants please provide a photo of their new asset. Thank you notes and images may be sent to op@ypii.org.

For example:

“Thank you so much for your generous donation to Opportunity Passport. Recently I was able to match the funds I’d saved to purchase a used car. Having reliable transportation allows me to keep my job and remain in school. I currently work at a local grocery store and attend night classes. My long-term goal is to own my own photography business. Please know that your help does make a difference and thanks again.” John Smith – 08/15/2016

(Participant could provide a photo of the car, or the car in front of the school or the place of employment – use your creativity!)

Note: Your full name will not be included in your expression of gratitude to the anonymous donor. Thank you.

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Participant Authorization

Participant Signature: ___________________________ Date: ________________________

Authorized Guardian Signature: ___________________________ Date: ________________________
(If youth is under 18)

NOTICE: Allow 5 business days after submission of paperwork to the Youth Policy Institute for review and processing of this request.

When process is completed, please notify me:

Phone: ___________________________ Email Address: ___________________________
**Provider Checklist**

To be completed by your Aftercare Advocate or Opportunity Passport™ Provider Only

- Participant has provided all required documentation.
- Participant has completed asset specific training assessment. Date: ____________________________

Provider Signature: ____________________________ Date: ____________________________

Printed Name: ____________________________ Phone #: ____________________________

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**Submit completed form to:**

Darcy Andersen  
YSS  
Self Sufficiency Advocate  
11 E. State St.  
Marshalltown 50158  
Email: dandersen@yss.ames.ia.us  
Phone: 641-328-9348

**NOTE:** A minimum account balance of $65.00 must be maintained to remain an Iowa Opportunity Passport™ participant. A minimum of 75% of the monies the participant plans to use toward the asset purchase must be in their Opportunity Passport™ savings account for at least 21 days. Matching funds are only approved for assets purchased from vendors; they are not approved for previously purchased assets already in the participant’s possession.

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**For Youth Policy Institute office use only**

Date received: ____________________________ Reviewed by: ____________________________ □ Bank/Credit Union Information verified

□ Asset purchase processed □ Data Entered into OPDS Initials ________________

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). Opportunity Passport™ is coordinated in Iowa by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.