

ASSET VERIFICATION

To: _____ Date: _____
 (name of institution)

 (address)

 (city, state, zip code)

RE: _____ SSN: _____
 Applicant/Resident Name

 Applicant/Resident Address City, State Zip Code

The above person(s) has applied for residency/is a resident at _____, an affordable housing property. As part of our processing we must verify the household's assets. The individual authorizes the release of the required information by their signature below. The information you provide will be used only for the purpose of determining the household's eligibility. We would appreciate your prompt response. If you have any questions, please feel free to contact our office at _____.

Permission by:

 (Applicant/Resident's Signature) (Date)

Please complete the section below and return it in the enclosed self-addressed stamped envelope or fax it to _____. Thank you in advance for your prompt attention.

Sincerely,

 Apartment Manager

CHECKING ACCOUNT

Account Holder	Account Number	Average 6 month Balance	Interest Rate, if any

SAVINGS ACCOUNT

Account Holder	Account Number	Present Balance	Annual Interest rate	Withdrawal Penalty

CERTIFICATE OF DEPOSIT

Account Holder	Account Number	Present Balance	Annual Interest rate	Withdrawal Penalty

401K PLAN / IRA / Retirement Account

Account Holder	Account Number	Present Balance	Annual Interest rate	Withdrawal Penalty

Does resident have access to the Retirement Account prior to termination or retirement?

Yes No

ASSET VERIFICATION
PAGE 2

MUTUAL FUNDS/ STOCK

Account Holder	Account Number	Present Balance	Annual Interest rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

TRUST

- Type of Trust: Revocable Irrevocable (*check one*)
- The applicant is the: Beneficiary or Grantor of the trust. (*check one*)
- Value of Trust Fund Administered: \$ _____
- Anticipated Amount of Income to be earned by Trust over next 12 months: \$ _____
- ✓ Is the Amount Reinvested or disbursed? (*check one*)

LIFE INSURANCE POLICY

Type of Policy: Term Life Insurance Universal or Whole Life Insurance

Current Cash value of Life Insurance Policy \$ _____

Income or interest policy will generate over next 12 months, (based on current circumstances)
\$ _____

I certify that the above information is true and correct.

Name of Official

Title of Official

Name of Institution

Signature

Address

Date

City, State, Zip Code

Telephone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.