

ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

Financial Institution: _____

Address: _____

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent

Title

Date

By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

Date

SSN Last 4 Digits

Fax # _____

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.