

BANK VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Financial Institution

Phone Number

Fax Number

RE: _____
Applicant/Tenant Name

Applicant/Tenant Name

Social Security Number

Social Security Number

Unit # (if assigned)

I hereby authorize release of my asset information.

Signature of Applicant/Tenant Date

Signature of Applicant/Tenant Date

The individual(s) named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Checking Account(s)

Account Number(s)	Current Balance	Avg. 6 Month Balance	Date Account Opened	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Savings Account(s), Certificate of Deposits (CD), Money Market Accounts, etc.

Type of Account	Account Number(s)	Current Balance	Interest Rate	Withdrawal Penalty	Cash Value*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*NOTE: CASH VALUE IS THE CURRENT VALUE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL.

Signature Printed Name & Title Date

Financial Institution Name and Address

Phone # Fax # E-mail

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.