

RETIREMENT SAVINGS PLAN VERIFICATION
(401K, IRA, Keogh, etc.)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my retirement account information.

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.

Signature of Owner's Representative

Date

Return Form To:

THIS SECTION TO BE COMPLETED BY RETIREMENT PLAN PROVIDER

Does the holder have access to the lump sum amount? Yes No
(This includes funds available even if withdrawal would result in penalty)

Type of account: _____

Cash Value*: \$ _____

Market Value: \$ _____

Is the applicant/tenant receiving periodic payments? Yes No

If yes, what amount: \$ _____ Frequency _____

Is this savings plan earning interest and/ dividends? Yes No
(this includes reinvested interest/dividends)

If yes, what amount: _____ %/\$ _____ Frequency _____

If the applicant/tenant is over 70 ½ Required Minimum Distributions (RMD) must be withdrawn from the account.

Is the applicant/tenant over 70 ½? Yes No

If yes, what is the annual RMD amount: \$ _____

*Cash Value is the current value less the cost to turn the asset into cash.

Additional Remarks: (please indicate any anticipated changes.) _____

Signature

Printed Name & Title

Date

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.