

TRUST ACCOUNT 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

Social Security Number

Unit # (if assigned)

I hereby authorize release of my trust account information.

Signature of Applicant/Tenant Date

The individual 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 FINANCIAL INSTITUTION

Trust Account Number: _____ Date Established: _____

Is the applicant the grantor or the beneficiary? Grantor Beneficiary Both

What type of trust is this? Revocable Irrevocable

Cash Value*: \$ _____ Market Value: \$ _____

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

Does the applicant/tenant have access to the lump sum amount in the trust? Yes No

Is the applicant/tenant receiving periodic payments? Yes No If yes, what amount: \$ _____ Frequency: _____

Is the trust earning interest and/or dividends? Yes No If yes, what amount: \$ _____ / _____ % Frequency: _____

(this includes reinvested interest/dividends)

Please submit a copy of the Trust Agreement.

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

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.