

# LIFE INSURANCE VERIFICATION

## THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

**TO:** \_\_\_\_\_  
 Employer [company] Name & Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number      Fax Number

**RE:** \_\_\_\_\_  
 Applicant/Tenant Name  
 \_\_\_\_\_  
 Social Security Number  
 \_\_\_\_\_  
 Unit # (if assigned)

I hereby authorize release of my life insurance 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 LIFE INSURANCE PROVIDER

Policy Account #	Market/Face Value	Cash Surrender Value	Dividend Paid and/or Interest Rate <small>(this includes reinvested interest/dividends) ("N/A" if no interest or dividend paid)</small>
_____	\$ _____	\$ _____	\$ _____ / _____ %
_____	\$ _____	\$ _____	\$ _____ / _____ %
_____	\$ _____	\$ _____	\$ _____ / _____ %

Type of Life Insurance:  Term    Universal    Whole Life      Does the applicant/tenant have access to the lump sum amount?  Yes    No

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

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.