

MUTUAL FUND/STOCK/BOND 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 asset 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.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Market Value: \$ Cash Value*:

Number of Units (i.e. shares): Owned: at \$ per unit

Dividends Paid and/or Interest Rate (this includes reinvested interest/dividends): \$ / %
(If varies, please use average dividend paid and/interest rate, or the rate at the close of business yesterday)

Frequency of Interest/Dividend payments: Monthly Quarterly Semi-annual Annually Other

*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

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.