

ANNUITY 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 annuity 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

Total of Annuity held: Current/Market Value: \$ _____
 Fixed Variable Hybrid Deferred
 Immediate Life Other _____ Cash Value*: \$ _____

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

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

Is annuity earning interest and/or dividends? (This includes reinvested interest/dividends) Yes No

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

*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.