

SAVINGS BONDS 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.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Bond Serial Number: _____ Denomination: \$ _____

Series: EE Bond I Bond E Bond Savings Notes Issue Date: _____

Final Maturity: _____ Interest Rate: _____ % Value of Bond: \$ _____

Note: Not Issued Not eligible for payment Includes 3-month interest penalty Matured and not earning interest

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.