

BANK 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 _____

 Applicant/Tenant Name _____

 Social Security Number _____

 Social Security Number _____

 Unit # (if assigned) _____

I hereby authorize release of my asset information.

 Signature of Applicant/Tenant _____

 Signature of Applicant/Tenant _____

 Date _____

 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

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

<p>SAVINGS ACCOUNT: Acct #: _____ Current Balance \$ _____ Current % Rate _____</p>	<p>SAVINGS ACCOUNT: Acct #: _____ Current Balance \$ _____ Current % Rate _____</p>
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<p>CHECKING ACCOUNT: Acct #: _____ Average Balance for the Past Six Months: \$ _____ Current Balance: \$ _____ Rate of Interest: _____ %</p>	<p>CHECKING ACCOUNT: Acct #: _____ Average Balance for the Past Six Months: \$ _____ Current Balance: \$ _____ Rate of Interest: _____ %</p>
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Please list other asset accounts below (Certificates of Deposit, Money Market Accounts, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

*NOTE: CASH VALUE IS THE CURRENT VALUE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL.

 Signature _____ Printed Name & Title _____ Date _____

 Bank 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.