

ASSET VERIFICATION

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT		
TO: (Name of Institution)	Dated:	
Institution Address:	Phone/Fax:	
RE: (Applicant/Resident Name)	Last 4 Digits of Social Security Number:	
<p>RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.</p>		
_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
Information:		
<p>The individual named directly above is an applicant/resident of the Affordable Housing Program (AHP) which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>		
Administrator/Owner/Management Name:	AHP Number:	
Address:	Phone:	
Email Address:	Fax:	
Your prompt response is crucial and greatly appreciated,		
_____	_____	_____
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature	Date

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Average 6 Month Balance	Interest Rate, if any

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. 401K PLAN / IRA / RETIREMENT ACCOUNT(S)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

Does account holder have access to any of the above identified Retirement Account(s) prior to termination or retirement? YES NO

E. MUTUAL FUND / STOCK(S)

Account Holder	Account Number	Present Balance	Annual Interest Rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

F. TRUST

Type of Trust: (Check one) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Account holder is the: (Check one) <input type="checkbox"/> Beneficiary or <input type="checkbox"/> Grantor of the Trust
Value of administered Trust Fund: \$ _____
Anticipated amount of income to be earned by Trust over the next 12 months: \$ _____ Is the Amount: (Check one) <input type="checkbox"/> Reinvested or <input type="checkbox"/> Disbursed

G. LIFE INSURANCE POLICY

Type of Policy: (Check one) <input type="checkbox"/> Term Life Insurance <input type="checkbox"/> Universal or Whole Life Insurance
Current cash value of the Life Insurance Policy: \$ _____
Income or interest the Policy will generate over next 12 months (based on current circumstances): \$ _____

H. OTHER: Type of Account

Account Holder	Account Number	Present Balance	Annual Interest Rate/Income	Withdrawal Penalty

I. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of Financial Institution Representative Representative's Title Date

Representative's Printed Name Phone # Fax # Email

Financial Institution Name and Address

Note: Title 18, Section 1001 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.