

ASSET VERIFICATION

To: _____ Date: _____

RE: _____ SSN: _____

Applicant/Resident Address City, State Zip Code

The above person(s) has applied for residency/is a resident at _____
 As part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

Applicant / Resident Signature Date

Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail/fax rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Apartment Manager _____ Phone # _____

TO BE COMPLETED BY INSTITUTION:

CHECKING ACCOUNT

<u>Account Number(s)</u>	<u>Average 6 Month Balance(s)</u>	<u>Interest Rate, If Any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAVINGS ACCOUNT

<u>Account Number(s)</u>	<u>Current Account Balance</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

CERTIFICATE OF DEPOSIT

<u>Account Number(s)</u>	<u>Current Account Balance(s)</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

TRUST

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be earned by: _____

Trust over next 12 months: \$ _____

PROPERTY

Value of Equity in Real Property \$ _____

I certify that the above information is true and correct.

Signature of Official

Title of Official

Printed Name of Official

Name of Institution (Bank)

Date

Address

Telephone Number

City, State Zip Code

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.