



verification of assets

This section to be completed by management and executed by applicant/tenant.

Financial Institution		
Address	Fax Numer	Email

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent	Title	Date
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By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

Applicant/Tenant Signature	Printed Name	Date	Last 4 of SSN
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Return form to:

Name: _____

Address: _____

Fax Number: _____

Email: _____

This section to be completed by financial institution.

Note: Please provide six-month balance for checking and current balance for savings.

asset type	open date	account number	account balance	% rate	annual interest from asset
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$

If form is completed electronically please complete box below:

Financial Institution completed this form electronically _____ (Staff member initials)

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature

Printed Name

Title

Date

Phone

Email

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.