

VERIFICATION OF STOCKS AND BONDS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of corporation) _____ Date: _____

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of my 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 to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY CORPORATION REPRESENTATIVE

Name of Stock/Bond	# of shares	Value per share	Annual dividend	Percentage rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there a fee associated with liquidating this asset? Yes No

If yes, how much? \$ _____

 Signature Printed Name Date

 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.

