

INVESTMENT / ANNUITY VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Financial Institution)

Date: _____

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

I hereby authorize release of my financial 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:
[Empty Box]

THIS SECTION TO BE COMPLETED BY FINANCIAL INSITUTION

Type of account: [] Fixed [] Deferred Market Value: \$ _____
[] Variable [] Life Surrender or
[] Other _____ Withdrawal Fee: \$ _____

Is this person receiving regular payments: [] Yes [] No
If yes, what is the gross amount? \$ _____ Per (circle one) Month / Quarter / Other _____
Date benefits began: _____ Effective date of current amount: _____

Does the holder receive interest income: [] Yes [] No [] Reinvested into account
Does the holder receive Dividend - Income? [] Yes [] No [] Reinvested into account
If yes or reinvested into account, what is the interest rate? _____% [] Fixed [] Variable
If variable, provide current rate.

Is the holder able to withdraw the balance of the annuity/account? [] Yes [] No
If yes, what is the amount? \$ _____ Is there a penalty? [] Yes [] No
If yes, what is the penalty amount? \$ _____

Signature Printed Name and Title Date

Employer [Company] 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.

