

## OTHER ASSET VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name & address of Financial Institution or Fund Administrator) \_\_\_\_\_ 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:**

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

**401K / IRA / MONEY MARKET ACCOUNT / OTHER (PLEASE IDENTIFY)**

Type of Account	Cash Value	Interest Rate	Does Individual Have Access to These Funds?	Cost of Early Withdrawal

Is the individual currently receiving regular payments from any of the assets listed above?       Yes       No

If yes, how much? \$ \_\_\_\_\_  Weekly       Monthly       Quarterly       Yearly

\_\_\_\_\_  
 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.