

VERIFICATION OF TRUST ACCOUNT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Trust Administrator) _____ 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 TRUST ADMINISTRATOR

Account # _____ Control of account held by: _____

Is this account a: Revocable Trust Account or Irrevocable Trust Account

Gross amount of trust fund \$ _____

Interest rate paid on the trust fund _____ %

Amount earned during past 12 months \$ _____

Anticipated amount to be earned during the next 12 months \$ _____

Are payment currently being made from the account Yes No

If yes how much? \$ _____ Monthly Quarterly Yearly Other

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.

