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.

_____
Development Owner/Management Agent

EMAIL, MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSITUTION

- List only accounts that the individual has access to
- Please provide most recent quarterly or monthly statement

Account Number	Type of Account	Full Balance	Surrender Fee/ Penalty	Annual Interest/Dividend Income*
		$	$	$
		$	$	$
		$	$	$

** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Has the individual taken any distributions/made withdrawals from any account listed above? [ ] YES [ ] NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change

Please list any expected changes: _____

_____

If additional space is needed, please attach a separate sheet with information, date, and signature

_____ _____ _____
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.

This institution is an equal opportunity provider.