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.

_____
Development Owner/Management Agent

EMAIL, 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 payments 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.