



Asset Verification

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

FROM: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

RE: Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS Code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence.

We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**TO BE COMPLETED BY INSTITUTION**

CHECKING ACCOUNT

Account Number(s)	Current Balance	Date Account Opened	Annual Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SAVINGS ACCOUNT / CERTIFICATE OF DEPOSITS (CD) / INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Type of Account	Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	Date Account Opened
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Name / Title of Person Supplying Information

\_\_\_\_\_  
Firm / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Applicant / Resident

\_\_\_\_\_  
Date

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

**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.