

ASSET VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of assets. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

COMPANY NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

Last 4 of SSN: _____

SIGNATURE: _____

The following is to be completed by company representative

Please list ALL account information without leaving any blanks.
Indicate the types of asset(s) held, current balance, and the interest rate or dividend yield.
(Note: Information provided may require additional documentation)

ASSET TYPE	LAST 4 OF ACCOUNT NUMBER	CURRENT BALANCE	CURRENT INTEREST RATE/DIVIDENDS EARNED	JOINT ACCOUNT (Y/N)
Checking				
Savings				
Trust Fund				
Other: _____				
Other: _____				

ASSET TYPE	LAST 4 OF ACCOUNT NUMBER	CURRENT BALANCE	PENALTY/COST TO CONVERT	CURRENT INTEREST RATE/DIVIDENDS EARNED	JOINT ACCOUNT (Y/N)
Certificate of Deposit					
Money Market					
Bond					
Other: _____					

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Company Name: _____

Email: _____

