

# BANK/ASSETS VERIFICATION FORM

ACCT.# \_\_\_\_\_

RESIDENT/APPLICANT NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apt./Floor# City State Zip Code

The individual named above is a resident/applicant for housing assistance which is subsidized through the Department of Housing and Urban Development [HUD]. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I, \_\_\_\_\_ [resident/applicant listed above] hereby authorized the release of the information below.

**BANK INSTITUTION/INVESTMENT FIRM:** please provide information below (last 4 digits of account # required )

CHECKING ACCT # \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_

SAVINGS ACCT# \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_

CD ACCT # \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_

## IRA'S, ANNUITIES, FUNDS, STOCKS, BONDS

ACCT. TYPE \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_ ANNUAL DIVIDEND \$ \_\_\_\_\_

ACCT. TYPE \_\_\_\_\_ CURRENT VALUE \$ \_\_\_\_\_ ANNUAL DIVIDEND \$ \_\_\_\_\_

**I certify that the above information is true and correct.**

\_\_\_\_\_  
Name Of Institution/Stamp

\_\_\_\_\_  
Name and Title (*please print*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

**WARNING: 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.**

**IF NOT APPLICABLE RESIDENT/APPLICANT COMPLETES THIS SECTION:**

© I DO NOT HAVE AN ACTIVE BANK ACCOUNT AT THIS TIME

NAME OF FORMER BANKING INSTITUTION UTILIZED \_\_\_\_\_

DATE MOST RECENT ACCOUNT CLOSED \_\_\_\_\_