

ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

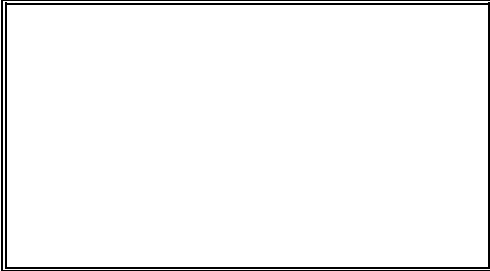
Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the HOME program.

Applicant/Tenant Signature

Return Form to:



Printed Name of Applicant/Tenant

Date

Social Security #

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

The above-named individual is currently residing in housing that requires verification of all assets and any income he/she earns from the assets. Please provide the information requested below:

<u>Asset Type</u>	<u>Account Number</u>	<u>Asset Value *</u>	<u>Interest Rate</u>	<u>Annual Income From Asset</u>
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Financial Institution: _____

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.