

RETIREMENT ACCOUNT VERIFICATION
IRA, 401K, Keogh, etc.

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

The property owner/managing agent must mail, fax or e-mail this form directly to the verifier.

Name & Mailing Address of Bank/Brokerage Firm/Employer	Name & Mailing Address of Owner/Agent
To: _____ _____ _____	From: _____ _____ _____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____
Re: _____	_____
Printed Name of Applicant/Resident	Unit # (if assigned) <u>XXX – XX –</u> Last Four Digits of SS#

I hereby authorize the release of my asset information requested below.	Age of Applicant/Resident:
_____	_____ / _____
Signature of Applicant/Resident	(years) (months)
_____	Signature Date

THIS SECTION TO BE COMPLETED BY BANK, BROKERAGE FIRM OR EMPLOYER

The above-named individual has applied for, or is currently residing in, rental housing in a community that was developed under the Low Income Housing Tax Credit (LIHTC) and/or HOME programs. Provisions of the Code require verification of all income and assets. The information you provide will remain confidential and only be used for the purpose of determining the above-named individual's program eligibility. Please provide the information requested below.

Type of Account: IRA 401K Keogh Other _____

Current Balance: \$ _____ Early withdrawal or surrender fees: \$ _____ or % _____

Interest rate and/or Dividend earnings: % _____ / \$ _____ per Month Quarter Year Other _____

Does the holder have access to the funds while employed? Yes – full accessible amount = \$ _____ No

Does the holder receive regular periodic payments? Yes No

If yes, list GROSS amount of payment: \$ _____ per Month Quarter Year Other _____

Any expected changes in the upcoming 12 months? Yes No

If yes, please explain: _____

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

_____	_____	_____
Printed Name of Agent/Verifier	Signature of Agent/Verifier	Date of Signature
_____	_____	_____
Title of Agent/Verifier	Phone Number	Fax Number

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.