

Asset Verification

Name and Address of Bank: _____

RE: _____ SSN: _____
Applicant/Tenant Name

Applicant/Tenant Address	City, State	Zip Code
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The above person(s) has applied for tenancy/is a resident at _____.
As part of our processing we require verification of the household's income, expenses.
And other information related to eligibility. The individual has authorized below your
release of the required information. The information you provide will be used only for the
purpose of determining the household's eligibility for tenancy. 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

Permission by: _____
(Applicant) (Date)

Please complete the section below and return it in the enclosed self-addressed stamped
envelope. (Please mail rather than have the above individual hand deliver.)

Sincerely,

Apartment Manager

TO BE COMPLETED BY INSTITUTION

Checking Account

<u>Account Number(s)</u>	<u>Average 6 Month Balance</u>	<u>Interest Rate (If Any)</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

Savings Account

Account Numbers	Present Balances	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

Certificate of Deposit

Account Numbers	Present Balances	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

Trust

Value of Trust Fund Administered \$ _____

Anticipated Amount of income to be earned by
Trust over next 12 months: \$ _____

Property

Value of Equity in real Property \$ _____

I certify that the above information is true and correct.

Name of Official

Title of Official

Name of Institution

Signature

Address

Date

City, State, Zip Code

Telephone Number

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 of Agency of the United States as to any matter within its jurisdiction.