ASSET VERIFICATION: 401K TO: (Name & Address) Re: Applicant/Tenant Name Social Security Number Unit # (if assigned) PERMISSION FOR RELEASE OF INFORMATION: I hereby authorize the release of the requested information. Signature of Applicant/Tenant Signature Date The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Project Owner/Managing Agent Mail/fax/email form to: THIS SECTION TO BE COMPLETED BY 401K ADMINISTRATOR PLEASE COMPLETE THE FOLLOWING: Does the employee have access to any of the funds while employed? _____ Yes ____ No If no, please sign and date the bottom of this form and return. If yes, what amount is available for withdrawal? (Include only the amount available for withdrawal. Do not include amounts that an employee can take a loan against, but must be repaid. If this amount is zero, please sign and date the bottom of this form and return.) What is the current market value of the account? What is the penalty for withdrawal? \$ or \$ % What are the annual dividends or the current annual yield? 401K Administrator Name: _____ Date: Signature: Print your name: ___ Tel. #: Title: Email:

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 mater within its jurisdiction.

Address: