

## Bank Verification

TO: (Name & Address)

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Re: 

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Applicant/Tenant Name 

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Social Security Number 

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Unit # (if assigned)

**PERMISSION FOR RELEASE OF INFORMATION:** I hereby authorize the release of the requested information.

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Signature of Applicant/Tenant

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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.

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Project Owner/Managing Agent

Mail/fax/email form to:

### THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

#### SAVINGS ACCOUNT:

Acct #: 

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Current Balance \$ 

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Current % Rate 

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Is this a joint account? ☐ No  
☐ Yes, held jointly with 

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#### SAVINGS ACCOUNT:

Acct # 

---

  
Current Balance \$ 

---

  
Current % Rate 

---

  
Is this a joint account? ☐ No  
☐ Yes, held jointly with 

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#### CHECKING ACCOUNT:

Average Balance for the Past Six Months: \$ 

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Rate of Interest: % 

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 Current Balance: \$ 

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Is this a joint account? ☐ No / ☐ Yes, held jointly with 

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#### List all other asset accounts below (Certificates of Deposit, Money Market Funds, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
<hr/>	\$ <hr/>	<hr/>	<hr/> %	\$ <hr/>
<hr/>	\$ <hr/>	<hr/>	<hr/> %	\$ <hr/>
<hr/>	\$ <hr/>	<hr/>	<hr/> %	\$ <hr/>

Are any of these accounts held jointly? ☐ No / ☐ Yes, Account(s) 

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 with 

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**\*NOTE: CASH VALUE IS THE BALANCE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL.**

Signature: 

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Date: 

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Print your name: 

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Tel. #: 

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Title: 

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Email: 

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Bank Name & Address: 

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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.