

TO: (Name & Address)

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

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.

Mail/fax/email form to:

Type of Account: ☐ Investment ☐ Pension ☐ Annuity

Market Value: \$ _____

Surrender/Withdrawal Fee: \$ _____

If yes, what is the current gross amount? \$ _____ per (circle one) Month / Quarter / Other _____

Date benefits began: _____ Effective date of current amount: _____

If gross amt. scheduled to change within 12 mos., scheduled gross amt.: \$ Effective Date:

Deductions from gross amount for medical insurance premiums: \$

If no, does the holder receive dividends/interest income? ☐ Yes ☐ No ☐ Reinvested into account

If yes or reinvested into account, what is the interest rate? _____% ☐ Fixed ☐ Variable

Is the holder able to withdraw the balance of the annuity/account? ☐ Yes ☐ No

If yes, what is the amount? \$ _____ What is the tax rate? _____ %

What is the tax penalty, if any

Is the individual reimbursed for medical costs? ☐ Yes ☐ No

Signature: _____ Date: _____
 Print your name: _____ Tel. #: _____
 Title: _____ Email: _____
 Address: _____

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.