

ANNUITY OR STOCK VERIFICATION

(02/19)

Property Name	Unit Number
To	From

VERY IMPORTANT in the APPROVAL PROCESS

The individual listed below is an applicant/resident of a housing program that requires verification of income. Information provided will be used solely to determine eligibility for occupancy.

Please answer all questions clearly or indicate “N/A” if something does not apply. Provide interest, dividends year-to-date (“YTD”), previous year’s capital gains, and/or any other income earned. If distributions are being taken, please indicate amount and frequency.

APPLICATION INFORMATION

Applicant's Name	
Account Number	Social Security Number
My signature authorizes release of the requested information on this inquiry	
Signature of Applicant/Resident	Date

TO BE COMPLETED BY FINANCIAL ENTITY ONLY

Current Value \$	Original Investment \$
Interest/Dividends YTD \$	Previous Year's Capital Gain \$
Mandatory Distributions * \$	Frequency of Distributions (i.e. monthly, quarterly, etc.)*
Non-Mandatory Distributions * \$	Frequency of Distributions (i.e. monthly, quarterly, etc)* \$
Is this a Lifetime Annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Other than Interest or Dividends

Printed Name	Title	Telephone Number
Signature		Date