

ASSET VERIFICATION

(03/19)

Name of Bank	Date		
Address	City	State	ZIP Code
Applicant	Social Security Number		

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she has assets in your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my financial circumstances for the purpose of determining my eligibility for occupancy.

Signature	Date
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TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Checking Account Balance		Interest Rate
Average Balance for Previous Six Months	Current Savings Account Balance	Interest Rate

Certificates of Deposit Number	Value	Interest Rate
Certificates of Deposit Number	Value	Interest Rate
Certificates of Deposit Number	Value	Interest Rate
Certificates of Deposit Number	Value	Interest Rate
Money Market Certificate	Value	Interest Rate
Other Accounts		

Signature of Authorized Representative	Title
Telephone Number	Date

TO BE COMPLETED BY PROJECT MANAGER

Please Return To	Telephone Number	Fax Number
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