

## INVESTMENT, PENSION OR ANNUITY VERIFICATION

(02/19)

To	From
Tenant Name	Contact Person for Questions
Social Security Number	Telephone Number

Please confirm assets of the tenant listed above: ☐ Investment ☐ Pension ☐ Annuity Verification

### PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is not older than 12 months.

Signature	Date
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### INSURANCE AGENT/ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS

Type of Account <input type="checkbox"/> Fixed <input type="checkbox"/> Deferred <input type="checkbox"/> Variable <input type="checkbox"/> Life <input type="checkbox"/> Other	
Market Value	Surrender or Withdrawal Fee
Is this person receiving regular payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the gross amount? \$ Per (check one) <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Other
Date Benefits Began	Effective Date of Current Amount
Deductions from Gross Amount for Medical Insurance Premiums	
If no, does the holder receive dividends/interest income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reinvested into account	
If yes or reinvested into account, what is the interest rate: (If variable, provide current rate)	
Is the holder able to withdraw the balance of the annuity/account? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Printed Name		Telephone Number	
Address	City	State	ZIP Code
Signature of Agent/Administrator			Date

**Penalties for misusing this content:** Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).