

TRUST ACCOUNT VERIFICATION

(07/24)

To			
Address	City	State	ZIP Code
From			
Address	City	State	ZIP Code
Telephone Number	Email Address		
RE:	Unit Number	Social Security Number	

HOUSEHOLD MEMBER RELEASE

You do not have to sign this form if the name or address of either project or providers is left blank.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature	Date
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The household member named above has applied for or is recertifying eligibility for housing financed or assisted by the Federal or State Government. The housing owner is required to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to the project listed above will help to ensure timely processing of the assistance application.

Trust Account Held on Behalf Of	Control of the Account is Held By
Principle Amount of the Trust	The Amount Paid Out in the Last 12 Months
The Amount Anticipated to be Paid Out in the Next 12 Months	<input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable
Amount of Distributions that are Used to Pay the Costs of Health and Medical Expenses for a Minor Child	
Does the subject of this letter have access?	
Is the subject of this letter able to withdraw funds? Explain.	

I certify that the above information is true and correct.

Signature	Printed Name	Title
Telephone Number	Email Address	Date