

VERIFICATION OF ASSETS ON DEPOSIT

Applicant Section		Financial Institution Section		
<p style="text-align: center; color: red;">_____ (Bank name)</p> <p>AUTHORIZATION: SIHCDC requires verification of all income for all in the household applying for residency in The Town and Garden Apartments. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Checking Account Number _____ _____	Average monthly balance for last 6 months \$ _____ \$ _____	Current Interest Rate _____ % _____ %	
	Savings Accounts _____ _____	Current Balance \$ _____ \$ _____	Current Interest Rate _____ % _____ %	
	Certificate of Deposit Account # _____ _____	Amount \$ _____ \$ _____	Withdrawal Penalty \$ _____ \$ _____	Current Interest Rate _____ % _____ %
	IRA, Retirement Accounts			
	Account Number _____ _____	Amount \$ _____ \$ _____	Withdrawal Penalty \$ _____ \$ _____	Current Interest Rate _____ % _____ %
	Money Market Funds _____ _____	Amount (Average 6-month balance) \$ _____ \$ _____	Interest Rate _____ % _____ %	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (signature of applicant)</p> <p>_____ (date)</p>	<p>_____ (signature of authorized representative)</p> <p>Title:</p> <p>Date:</p> <p>Phone Number:</p>			
<p>WARNING: Title 18, Section 1001 of the US 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.</p>				

