## [Management Company Letterhead]

Unit #: \_\_\_\_\_

			ASSET VERIFICATION	
Го:	(name of institution)		Date:	
	(address)			
	(city, state, zip	code)		
RE:			SSN:	
	Applicant/Resi	dent's Name		
	Applicant/Resi	dent's Address	City, State	Zip Code
require authori determ would	e verification of the zed below your raining the househousehousehousehousehousehousehouse	release of the required infold's eligibility. We are	expenses and other information ormation. The information yo	As a part of our processing we related to eligibility. The individual has u provide will be used only for the purpose of cation process in a short time period and free to contact our office.
Permis	sion by: ${(Appl)}$	icant/Resident's Signatur	re)	(Date)
	complete the sec		y mail in the enclosed self-add	lressed stamped envelope. Thank you in
Sincere	ely,			
Apartn	nent Manager			
ГО ВЕ	COMPLETED 1	BY INSTITUTION	CHECKING ACCOUNT	
Accou	nt Number(s)	Average 6 M	Ionth Balance(s)	Interest Rate, if any
		\$		
		\$		
		\$		%
			SAVINGS ACCOUNT	
Accou	nt Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
		\$		
		\$		

## **CERTIFICATE OF DEPOSIT**

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal <u>Penalty</u>
	\$		
	\$		
	\$		
		<u>TRUST</u>	
Value of Trust Fund A		\$	
over the next 12 month	income to be earned by Trus:	\$	
		<u>PROPERTY</u>	
Value of Equity in Rea	l Property:	\$	
I certify that the above	information is true and cor	rect.	
Name of Official		Title of Official	
Name of Institution		Signature	
Address		Date	
City, State, Zip Code		Telephone Number	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.