

ASSET VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

TO BE COMPLETED BY THE INSTITUTION MANAGING THE ASSET ACCOUNT:

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Please provide complete information on all assets held by the above named person(s). Include information on any and all **STOCKS, BONDS OR SECURITIES** (Use an additional verification form if necessary.)

Type of Asset	Date Purchased	# of Shares	Price/Share	Dividend/Share	Earnings in last year

Please provide complete information on all assets held by the above named person(s). Include information on any and all **PENSION, RETIREMENT, 401K, LIFE INSURANCE, TRUST FUND, OR OTHER ASSETS.**

Type of Asset	Date Purchased if applicable	Cash Value	Dividend / Interest Rate	Earnings in last year

Are any of the above assets held jointly and/or to the benefit of anyone other than the person listed above? Yes: No:
 If 'yes', please explain: _____

If this is a pension or retirement plan, can any portion of this plan be withdrawn without retiring or terminating employment?
 Yes: No: If 'yes', what amount can be withdrawn? _____

What costs would be incurred to liquidate this asset? _____

Signature of Person

Verifying Information: _____ Title: _____

Telephone: _____ Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

