

ANNUITY 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.

AGENT / ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS. IF NOT APPLICABLE PLEASE WRITE N/A.
PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Type of account:	Fixed	Deferred	Market Value:	\$ _____
	Variable	Life	Surrender or	
		Other	Withdrawal Fee:	\$ _____

Account start date: _____

Is this person receiving regular payments? Yes No
If yes, what is the gross amount? \$ _____ per Month Quarter Other _____
Date benefits began: _____ Effective date of current amount: _____

If not receiving regular payments, please answer the questions below:

Does the account earn interest income?	Yes	No	Interest reinvested into account
If yes or reinvested into account, what is the interest rate?			% Fixed Variable
Is the holder able to withdraw the balance of the annuity/account?	Yes	No	

Signature of Agent or Administrator

Date: _____

Printed Name

Telephone #: _____

Address: _____



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.

