

BANK VERIFICATION

Name of Applicant/Tenant _____

Date _____

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

TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION:

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 accounts held by the above-named person(s). Include information on any and all **CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET, ETC.** (Use an additional verification form if necessary.) PLEASE ANSWER ALL QUESTIONS AND DO NOT USE WHITE-OUT.

Type of Account	Account Number	Date Opened	Current Balance	Current Interest Rate
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes: No:

If 'yes', is this asset accessible by the person listed above? Yes: No:

Does the above-named person rent a SAFE DEPOSIT BOX at your institution? Yes: ☐ No: ☐

Signature of Person
Verifying Information: _____

Date: _____

Name: _____

Title: _____

Institution: _____



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.

