

## 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If this is a pension or retirement plan, can any portion of this plan be withdrawn without retiring or terminating employment?

Yes: ☐ No: ☐ If 'yes', what amount can be withdrawn?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.

