

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. 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 BANK OR OTHER FINANCIAL INSTITUTION: PLEASE COMPLETE APPLICABLE SECTIONS. 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, IRA, KEOGH, 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	* 6 month Average Balance on Checking	Current Interest Rate
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

** 6 month average balance needed for checking accounts only.*

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', describe (with whom, which accounts & % ownership): _____

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

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.

