

Bank Verification

TO: _____

RE: _____
 Name _____

 Social Security Number _____

FROM: _____

Thank you for your prompt response. All information is confidential.
 Please contact _____
 at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

 Signature

 Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

*Please provide information for **all** accounts.*

| | |
|---|--|
| SAVINGS ACCOUNT: Acct #: _____ Current Balance \$ _____ Current % Rate _____ Is this a joint account? <input type="checkbox"/> No / <input type="checkbox"/> No but is POD <input type="checkbox"/> Yes, held jointly with _____ | SAVINGS ACCOUNT: Acct # _____ Current Balance \$ _____ Current % Rate _____ Is this a joint account? <input type="checkbox"/> No / <input type="checkbox"/> No but is POD <input type="checkbox"/> Yes, held jointly with _____ |
|---|--|

CHECKING ACCOUNT:
 Average Balance for the **Past Six Months:** \$ _____
 Rate of Interest: _____ %
 Is this a joint account? No / No but is POD / Yes, held jointly with _____

List all other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

| Account Number | Balance | Type of Account | Rate of Interest | Cash Value* |
|----------------|----------|-----------------|------------------|-------------|
| _____ | \$ _____ | _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ | _____ % | \$ _____ |

Are any of these accounts held jointly? No / No but is/are POD
 Yes, _____ (identify which account(s)) is/are held jointly with _____

*** CASH VALUE IS THE BALANCE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL**

Signature: _____
 Print your name: _____
 Title: _____
 Bank Name _____
 Address _____

Date: _____
 Tel. #: _____
 Email: _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).