

BANKING VERIFICATION

RE: TENANT

TO: _____

APPLICANT: _____
ADDRESS: _____

Federal Law requires that the assets of all applicants for or occupants of federally assisted housing be verified. This information is necessary for determining both eligibility and the level of assistance that may be requires.

Your assistance and cooperation in providing the requested information will be appreciated and will be beneficial to the above named individual.

Sincerely,

Site Manager

I hereby authorize and request that the following information be provided:

Date: _____ Tenant Signature: _____

VERIFICATION

Type of Account	Account Number	Current Balance	Six Month Average Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Depository Name: _____

Date: _____

Signature

Title

I DO NOT HAVE A CHECKING OR SAVINGS ACCOUNT WITH ANY BANK.

Signature

Date