

[Management Company Letterhead]

**ASSET VERIFICATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

RE: \_\_\_\_\_ SSN: \_\_\_\_\_  
Applicant/Resident Name

\_\_\_\_\_  
Applicant/Resident Address City, State Zip

The above person(s) has applied for residency/is a resident at \_\_\_\_\_  
As part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

Permission by:

\_\_\_\_\_  
(Applicant/Resident's Signature) (Date)

Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Sincerely,

\_\_\_\_\_  
Apartment Manager

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT

<u>Account Number(s)</u>	<u>Average 6 Month Balance(s)</u>	<u>Interest Rate, If Any</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

SAVINGS ACCOUNT

<u>Account Number(s)</u>	<u>Present Account Balance</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

CERTIFICATE OF DEPOSIT

<u>Account Number(s)</u>	<u>Present Account Balance</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

TRUST

Value of Trust Fund Administered: \$ \_\_\_\_\_  
Anticipated Amount of Income to be earned by  
Trust over next 12 months: \$ \_\_\_\_\_

PROPERTY

Value of Equity in Real Property \$ \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

**WARNING:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to willfully falsify a Material fact or make a false statement in any matter within the jurisdiction of a federal agency.