

ANNUITY OR STOCK VERIFICATION

Property Name: _____ Unit: _____

TO:

FROM:

VERY IMPORTANT in the APPROVAL PROCESS

The individual listed below is an applicant/resident of a housing program that requires verification of income. Information provided will be used solely to determine eligibility for occupancy.

Please answer all questions clearly or indicate "N/A" if something does not apply. Provide interest, dividends year-to-date ("YTD"), previous year's capital gains, and/or any other income earned. If distributions are being taken, please indicate amount and frequency.

Applicant's Name: _____	
Account #: _____	Social Security #: _____
My signature authorizes release of the requested information on this inquiry:	
_____	_____
Signature of Applicant/Resident	Date

TO BE COMPLETED BY FINANCIAL ENTITY ONLY

Current Value:	\$
Original Investment:	\$
Interest/Dividends YTD:	\$
Previous Year's Capital Gains:	\$
Mandatory Distributions: *	\$
Frequency of Distributions (i.e. monthly, quarterly, etc.): *	\$
Non-Mandatory Distributions: *	\$
Frequency of Distributions (i.e. monthly, quarterly, etc.): *	\$
Is this a Lifetime Annuity? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*Other than Interest or Dividends

Authorized Signature
Title
Date

Print Name
Phone Number