

Checking, Savings, CD, IRA, Keogh & 401K Income Verification

To:

Applicant/Tenant Name:

Social Security Number:

By signing below; applicant authorizes release of the requested information:

Applicant Signature:

Manager's Email:

Checking Accounts

Account #	Current Balance	Interest Rate	Avg 6 month balance

Savings Accounts

Account #	Current Balance	Interest Rate

Certificate of Deposit

Account #	Current Balance	Interest Rate	Early withdrawal penalty

IRA, Keogh and 401k

Type of Account	Value if converted to cash; minus any penalties	Interest Rate	Does Individual have access to these funds?

Comments:

Authorized Signator:

Print Name:

Signature:

Title:

Date:

Telephone:

Return to:

Project Name:

Project Address:

Project Contact Name:

Project Telephone Number:

Project Contact Email: