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401K ASSET VERIFICATION

Required by MHFA for Minnesota Properties Only

TO: (Name & address)

RE: _____
 Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of any information requested regarding my income, assets, and allowances.

 Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY 401K ADMINISTRATOR

PLEASE COMPLETE THE FOLLOWING:

Does the employee have access to any of the funds while employed?
If no, please sign and date the bottom of this form and return.

YES NO

If yes, what amount is available for withdrawal?
Include only the amount available for withdrawal. Do not include amounts that an employee can take a loan against, but must be repaid. If this amount is zero, please sign and date the bottom of this form and return.

\$ _____

What is the current market value of the account?

\$ _____

What is the penalty for withdrawal?

\$ _____

What are the annual dividends or the current annual yield?

\$ _____ or _____ %

401k Administrator:

Signature: _____

Date: _____

Print Your Name: _____

Title: _____

Address: _____

Tel. #: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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 01/01/05 HPI 200MN