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## ASSET VERIFICATION

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TEL.#: \_\_\_\_\_

FROM: \_\_\_\_\_  
 \_\_\_\_\_

TEL.#: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

POLICY/ACCOUNT #: \_\_\_\_\_

FAX #: \_\_\_\_\_

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

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

\_\_\_\_\_  
 Applicant/Resident Signature

\_\_\_\_\_  
 Social Security Number(s)

### TO BE COMPLETED BY THE INSTITUTION MANAGING THE APPLICANT'S ASSETS:

1. Type of Asset(s):(e.g. Stock, Bonds, Mutual Funds, Life Insurance) \_\_\_\_\_
2. Whole Life Insurance or Term Insurance (**Circle One**) Valuation Date: \_\_\_\_\_
3. Current Asset Cash Value: \_\_\_\_\_
4. Number of Units (e.g. shares) Owned: \_\_\_\_\_ at \$ \_\_\_\_\_ per unit
5. Gross Annual Dividends or Current Interest Rate: \$ \_\_\_\_\_ %  
 (If varies, please use average dividends/interest rate, or the rate at the close of business yesterday)
6. Prior Year Income Earned From Asset: \$ \_\_\_\_\_
7. Average History Gain or Loss: \$ \_\_\_\_\_
8. Costs Incurred to Sell this Asset: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Verifying Information

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

### 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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