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BANK VERIFICATION

TO: _____

 TEL. #: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____

FROM: _____
 TEL. #: _____

FAX #: _____

In order to comply with federal regulations requesting verifications on all income, assets and allowance 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 BANK: (Use an additional verification form if necessary.)

1. Does the above signed rent a SAFE DEPOSIT BOX? _____

YES NO

2. **CHECKING:**

Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____

SAVINGS:

Account Number # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct.?/Whom? _____
 Ownership: _____

3. **CERTIFICATE OF DEPOSIT (CD):**

Account Number: # _____
 Interest Rate: % _____
 Current Balance: \$ _____
 Joint Account? _____
 If yes, with whom? _____
 Ownership: % _____

TRUST ACCOUNT:

Account Number: # _____
 Interest Rate: % _____
 Principal Value: \$ _____
 Ownership: \$ _____
 Comments: _____
 Is this an Irrevocable Trust: YES NO

4. **OTHER (A):**

Type of Account: _____
 Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____

OTHER (B):

Type of Account: _____
 Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____

 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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