

**Verification of Life Insurance**  
(Whole Life or Universal Life Policies Only)

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RE: \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_  
Applicant's Name (print) (last four digits)

The above referenced person is an applicant in a federally assisted housing program. Federal regulations require that we verify all assets of the program participants and their household. Whole Life and Universal Life Insurance policies are considered an asset. This information will remain confidential and used for stated purpose only.

By signing below, I authorize the release of this information.

\_\_\_\_\_  
Participant's Signature Date

**SECTION BELOW TO BE COMPLETED BY INSURANCE INSTITUTION**

<u>Policy Account #</u>	<u>Cash Surrender Value</u>	<u>Annual Dividend/Interest rate*</u> (even if re-invested)
Account #1: # _____	\$ _____	% _____
Account #2: # _____	\$ _____	% _____
Account #3: # _____	\$ _____	% _____
Account #4: # _____	\$ _____	% _____

\*Provide amount regardless of whether individual has chosen to re-invest interest/dividends

**I certify that this information is accurate.**

\_\_\_\_\_  
Name (print clearly) Title Signature Date

\_\_\_\_\_  
Financial Institution Telephone Number

\_\_\_\_\_  
Address City State Zip

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Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

