

Banking Verification

Applicant/Resident: _____ Social Security No.: _____
Unit No.: _____

To Whom It May Concern:

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 the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Participant's Signature Date

THIS SECTION TO BE COMPLETED BY BANK INSTITUTE

	Last 6 Months' Average Balance	Last 6 Months' Interest Income	Date Account Opened
Checking Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Savings Account:	Current Account Balance	Current Interest Rate	Date Account Opened
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Other Accounts (list):			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

Signature Name (print)

Title Date

Financial Institution Telephone Number

Address City State Zip