

Banking Verification

To: Name _____
 Address _____
 Email _____
 Phone _____
 Fax _____

From: Name _____
 Address _____
 Email _____
 Phone _____
 Fax _____

Re: Name _____

Last 4 Digits of _____
 SSN: _____

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

 Applicant/Tenant

 Date

THE FOLLOWING SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Current Account Balance	Current Interest Rate	Date Account Opened
Checking Account (Last 4 Digits): _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
	Current Account Balance	Current Interest Rate	Date Account Opened
Savings Account (Last 4 Digits): _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Other Accounts (list): _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

 Signature

 Name (print)

 Title

 Date

 Financial Institution

 Telephone Number

 Address City State Zip

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.

