



Department of Housing and Economic Development
Mortgage and Housing Investments (MHI) Division
THIRD PARTY VERIFICATION OF DEPOSIT

NOTE TO VERIFYING AGENCY: State and/or Federal Regulations require us to verify asset income for the person who has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

(Applicant, please complete this section:)

Name of Bank	
Address	
Telephone Number	

AUTHORIZATION BY APPLICANT(S):

The applicant(s) identified herein has applied for housing assistance under a government-assisted program administered by this office, and authorizes the release of requested information. The information requested in this verification is for confidential use of this agency and its funders. ***Please furnish the information requested and return this form to the applicant via fax, email or mailing address indicated below.***

(Applicant, please print and sign your name below)

I/We hereby authorize release of the requested information:		
Name:	Signature:	Date:
Name:	Signature:	Date:
Mailing Address:		
Fax No.:	Email Address:	

NOTE: DEPOSIT DATA (This Section must be completed by banking institution):

Type of Account	Account Number	Opening Date	Current Balance	Average Balance <i>(Previous 3 months)</i>	Average Interest <i>(Previous 3 months)</i>
Checking					
Savings					
Certificate of Deposit					
Money Market					
IRA					
Other					
Other					

Information provided by the Bank (or) Institution's Representative:

Name:	Title:
Email Address:	Telephone Number:
Signature:	Date:

Institution Stamp (Required):