



DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT
MORTGAGE AND HOUSING INVESTMENTS

VERIFICATION OF DEPOSIT

(Applicant, please complete this section.)

NAME OF BANK:	
ADDRESS:	
Telephone Number:	

FROM / RETURN TO:

NAME OF AGENCY:	
ADDRESS, CITY AND ZIP CODE:	
PHONE:	FAX:

APPLICANT INFORMATION: *(Applicant, please complete this section.)*

NAME(S):	
SOC. SEC. NO:	
ADDRESS:	

NOTE TO VERIFYING AGENCY:

The applicant(s) identified herein has applied for housing assistance under a government assisted program administered by this office. The information requested in this verification is for the confidential use of this agency and its funders. Please furnish the information requested below and return this form to the address indicated above.

AUTHORIZATION BY APPLICANT(S): *(Applicant, please print and sign your name below.)*

I/We hereby authorize release of the requested information:

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date

NOTE: The section below must be completed by your bank and sent directly to us.

DEPOSIT DATA:

TYPE OF ACCOUNT	ACCOUNT NUMBER	OPENING DATE	CURRENT BALANCE	AVERAGE BALANCE (Previous 6 months)	AVERAGE INTEREST (Previous 6 months)
Checking			\$	\$	\$
Savings			\$	\$	\$
Certificate of Deposit			\$	\$	\$
Money Market			\$	\$	\$
IRA			\$	\$	\$
Other			\$	\$	\$
Other			\$	\$	\$

INFORMATION PROVIDED BY THE BANK OR FINANCIAL INSTITUTION REPRESENTATIVE:

_____ Signature _____ Date _____
 Print Name & Title

Institution Stamp (required)

