

Kathy Richards Management



the
"CAREtakers"

1044 Rudberg Dr. Suite 2
Hurley, WI 54534
(888) 576-6468

FAX: (906) 932-5158

www.kathyrichards.com
Equal Housing Opportunity

201 South Curry Street
Ironwood, MI 49938
(906) 932-5500



This institution is an equal opportunity provider and employer.

BANK VERIFICATION

BANK: _____ DATE: _____ APT # _____
 Address _____ DEVELOPMENT NAME: _____
 _____ APPLICANT/RESIDENT: _____
 PHONE _____ FAX _____

In order to comply with federal regulations requesting verifications on all income, assets and allowance for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets and allowances.

 Applicant/Resident Signature Social Security Number(s)
 Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"

TO BE COMPLETED BY THE BANK: (Use an additional verification form if necessary.)

- | | |
|---|--|
| <p>1. Does the above signed rent a SAFE DEPOSIT BOX? [] YES [] NO</p> <p>2. CHECKING:
 Type of Account: _____
 Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____</p> <p>3. CERTIFICATE OF DEPOSIT (CD):
 Account Number: # _____
 Interest Rate: % _____
 Current Balance: \$ _____
 Joint Account? _____
 If yes, with whom? _____
 Ownership: % _____
 Early Withdraw Penalty (Based on Today's Date): _____
 Current Cash Value: _____</p> <p>4. OTHER (A):
 Type of Account: _____
 Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____</p> | <p>SAVINGS:
 Type of Account: _____
 Account Number # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: _____</p> <p>TRUST ACCOUNT:
 Account Number: # _____
 Interest Rate: % _____
 Principal Value: \$ _____
 Ownership: \$ _____
 Comments: _____
 Is this an Irrevocable Trust: [] YES [] NO</p> <p>OTHER (B):
 Type of Account: _____
 Account Number: # _____
 Interest Rate: % _____
 6 Mo. Average Bal.: \$ _____
 Current Balance: \$ _____
 Joint Acct?/Whom? _____
 Ownership: % _____</p> |
|---|--|

Signature of Person Verifying Information: _____ Tel: # _____ Date: _____

PLEASE RETURN THIS FORM TO: FAX _____ PHONE _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, and any owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a) (6) (7) and (8).** Violations of these provisions are cited as violations of 42 USC Section **408 (a) (6) (7) and (8).**

TDD NUMBERS: Michigan 800-649-3777
Wisconsin 800-947-3529

Illinois 800-526-0857

Ohio 1-800-877-8339
Indiana 800-743-3333

OFFICE USE ONLY:

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