

# Kathy Richards Management

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[www.kathyrichards.com](http://www.kathyrichards.com)

Equal Housing Opportunity

This institution is an equal opportunity provider and employer.



the  
"CAREtakers"



## ASSET VERIFICATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL# \_\_\_\_\_ FAX \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_  
POLICY/ACCOUNT #: \_\_\_\_\_

In order to comply with federal regulations requesting verification on all income, assets and allowances 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 INSTITUTION MANAGING THE APPLICANT'S ASSETS:

1. Type of Asset(s) (e.g. Stock, Bonds, Mutual Funds, Life Insurance) \_\_\_\_\_
2. Whole Life Insurance or Term Insurance (circle one) Valuation \_\_\_\_\_ Date: \_\_\_\_\_
3. Current Asset Cash Value: \_\_\_\_\_
4. Number of Units(e.g. shares) Owned: \_\_\_\_\_ at \$ \_\_\_\_\_ per unit
5. Gross Annual Dividends or Current Interest Rate: \$ \_\_\_\_\_ %  
(If varies, please use average dividends/interest rate, or the rate at the close of business yesterday)
6. Prior Year Income Earned From Asset: \$ \_\_\_\_\_
7. Average History Gain or Loss: \$ \_\_\_\_\_
8. Costs Incurred to Sell this Asset: \_\_\_\_\_

Signature of Person Verifying Information: \_\_\_\_\_ Title \_\_\_\_\_ 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 800-877-8339  
Indiana 800-743-3333**

**OFFICE USE ONLY:**

[Empty rectangular box for office use only]



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.