

**Bank Verification**

TO: (Name & address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my asset information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

CENTER CITY HOUSING CORP.  
105 1/2 WEST FIRST STREET  
DULUTH, MN 55802

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

SAVINGS ACCOUNT:  
Acct #: \_\_\_\_\_  
Current Balance \$ \_\_\_\_\_  
Current % Rate \_\_\_\_\_

SAVINGS ACCOUNT:  
Acct # \_\_\_\_\_  
Current Balance \$ \_\_\_\_\_  
Current % Rate \_\_\_\_\_

CHECKING ACCOUNT:  
Average Balance for the Past Six Months: \$ \_\_\_\_\_  
Rate of Interest: \_\_\_\_\_ % Current Balance: \$ \_\_\_\_\_

Please list other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

\*NOTE: CASH VALUE IS THE CURRENT VALUE MINUS PENALTIES FOR EARLY WITHDRAWAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Title: \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.