

ANNUITY, STOCK VERIFICATION, or 401(k) ACCOUNT

Property Name: _____ Unit: _____

TO:

FROM:

VERY IMPORTANT in the APPROVAL PROCESS

The individual listed below is an applicant/resident of a housing program that requires verification of income. Information provided will be used solely to determine eligibility for occupancy.

Please answer all questions clearly or indicate "N/A" if something does not apply. Provide interest, dividends year-to-date ("YTD"), previous year's capital gains, and/or any other income earned. If distributions are being taken, please indicate amount and frequency.

Applicant's Name: _____	
Account #: _____	Social Security #: _____
My signature authorizes release of the requested information on this inquiry:	
_____ Signature of Applicant/Resident	_____ Date

TO BE COMPLETED BY FINANCIAL ENTITY ONLY

Market Value:	\$
Annual Dividends or Current Annual Yield:	\$
Mandatory Distributions:	\$
Frequency of Distributions (i.e. monthly, quarterly, etc.):	
Non-Mandatory Distributions:	\$
Frequency of Distributions (i.e. monthly, quarterly, etc.):	
Can account holder access the funds in account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, would there be a withdrawal penalty and/or taxes due?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this account been annuitized?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Signature	Title	Date
Print Name	Phone Number	