

DEPOSIT VERIFICATION REQUEST

TO: (Name and Address of Financial Institution)

FROM: (Name and Address of Property)

Household: _____

Unit #: _____

Management Contact: _____

Management Phone: _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete Part II.

This form must be mailed, faxed or emailed. DO NOT hand-carry this form.

RELEASE STATEMENT

I hereby authorize the release of the below requested information.

Type of Account	Account Number	Type of Account	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant/Resident Name: _____ SSN: _____

Applicant/Resident Signature: _____ Date: _____

Part II: THIS SECTION TO BE COMPLETED BY DEPOSITORY

Type of Account	Account Number	Balance	Avg 6 Month Balance	Interest Rate
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

PART III: AUTHORIZED SIGNATURE

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.

Signature of Representative Title Date

Print Name Phone #