

## ASSET VERIFICATION

To be completed for EVERY asset held in your name whether jointly or individually. If you cannot have financial institution fill out this form, you are required to provide most recent six months' worth of statements.

### THIS SECTION TO BE COMPLETED BY APPLICANT

\_\_\_\_\_ Print Applicant's Name \_\_\_\_\_ Social Security \_\_\_\_\_ Account Number \_\_\_\_\_  
 I hereby authorize release of the information requested below.

Signature of Applicant/Resident \_\_\_\_\_ Date signed \_\_\_\_\_

The above person(s) has applied for residency or is a resident at The Lafayette, an apartment governed by the Federal Tax Credit Program provided for under Section 42. As part of our processing we must verify the household's assets. The individual authorizes the release of the required information by their signature above. The information you provide will be used only for the purpose of determining the household's eligibility and we hold this information in strict confidence.

### THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION \*ONLY\*

**Please list ALL checking/savings account(s)**

Account Number	Type of Account	Current Balance	Average 6mo. Balance	Annual Interest Rate	Withdrawal Penalty

#### CERTIFICATE OF DEPOSIT / TREASURY BILLS

Account Holder	Account Number	Current Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

#### 401K PLAN / ANNUITY / IRA / PENSION / RETIREMENT ACCOUNT

Account Holder	Account Number	Current Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

Does applicant/resident have access to the Retirement Account prior to termination or retirement?  YES  NO

#### MUTUAL FUNDS / STOCK / BONDS / MONEY MARKETS / SECURITIES

Account Holder	Account Number	Current Balance	**Annual Interest Rate/Dividends & Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

\*\*Please answer this question based on the income the asset is currently generating

I certify that the information given above is true and complete to the best of my knowledge.

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_

Representative Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

Representative Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Representative Position \_\_\_\_\_ Date Completed \_\_\_\_\_

**Return Form To:**

Fax: (207) 761-0770

E-mail: [mary@portproprgmt.com](mailto:mary@portproprgmt.com)

Address: 82 Hanover St. Suite 5,  
Portland, ME 04101

**NOTE: 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.**