



**HTC Form 700  
Asset Verification**

TO: (Name & address of Financial Institution)

Date: \_\_\_\_\_

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

RE: \_\_\_\_\_

Applicant/Tenant Name

Social Security Number

Unit Number

I hereby authorize release of my financial information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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. Thank you.

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

MAIL OR FAX THIS FORM TO:

Please provide the information requested for all accounts held with your financial institution.

Type of Account	If Joint Account, list % of ownership	Current Value / Balance (If checking account, please provide 6 month average balance)	Current Interest Rate / Dividend	Annual Income from Asset
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$

I hereby certify that the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Phone Number