



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	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