

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.

<u>Type of Account</u>	<u>Account Number</u>	<u>Type of Account</u>	<u>Account Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant/Resident Name: _____ SSN: _____
Applicant/Resident Signature: _____ Date: _____

Part II: THIS SECTION TO BE COMPLETED BY DEPOSITORY

<u>Type of Account</u>	<u>Account Number</u>	<u>Balance</u>	<u>Avg 6 Month Balance</u>	<u>Interest Rate</u>
_____	_____	\$	\$	_____
_____	_____	\$	\$	_____
_____	_____	\$	\$	_____
_____	_____	\$	\$	_____

PART III: AUTHORIZED SIGNATURE

<p>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.</p>		
_____ Signature of Representative	_____ Title	_____ Date
_____ Print Name	_____ Phone #	

Deposit Verification Request Instruction

Purpose: To verify an applicant's/resident's checking, savings, or other accounts.

Note: This form must be mailed or faxed to the financial institution. The resident cannot "hand carry" the form.

Special Mention:

- ▶ Include a self-addressed envelope with your request.

Specific Instructions:

- **TO:** Enter financial institution name and address or fax number
- **FROM:** Enter the property name and address
- **HOUSEHOLD/UNIT #:** Enter household name and unit number
- **MANAGEMENT CONTACT/PHONE:** Enter manager name and 10-digit phone number
- **TYPE OF ACCOUNT/ACCOUNT NUMBER:** The applicant/resident enters type of accounts and account numbers
- **APPLICANT/RESIDENT NAME/SSN/SIGNATURE/DATE:** The household member prints name, enters Social Security number, signs and dates form **

Part II and III are to be completed by the financial institution.

- * **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.