

DEPOSIT VERIFICATION REQUEST

Property Name: _____ **Unit:** _____

The undersigned applicant has applied for a rental unit located in a property financed under a Washington State Housing Finance Commission ("Multifamily Program"). The Commission requires the housing owner to verify all information that is used in determining this person's eligibility.

The applicant/resident has consented to this release of information as evidenced by his/her signature below.

Parts II and III to be completed by depository. The form is not to be transmitted through the applicant(s) or any other party.

Part I - Request

To (Name and Address of Depository) Attn: _____ Fax #: _____	Requestor (Name and Address of Project)		
_____ Signature of Requestor	_____ Title		
_____ Date	_____ Phone #		
VERIFY:			
_____ Type of Account	_____ Account in Name of	_____ Account Number	_____ Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Name and Address of Applicant(s)	_____ Signature of Applicant		
	_____ Social Security Number		

TO BE COMPLETED BY DEPOSITORY

Part II – Verification of Depository

<i>DEPOSIT ACCOUNTS of APPLICANT(S):</i>				
_____ Type of Account	_____ Account Number	_____ Current Balance	_____ Average Balance for Previous 6 Months	_____ 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 #	