

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)																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 15%; border: none;">_____</td> <td style="width: 19%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Signature of Requestor</td> <td style="text-align: center; border: none;">Title</td> <td style="text-align: center; border: none;">Date</td> <td style="text-align: center; border: none;">Phone #</td> </tr> </table>	_____	_____	_____	_____	Signature of Requestor	Title	Date	Phone #									
_____	_____	_____	_____														
Signature of Requestor	Title	Date	Phone #														
VERIFY:																	
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 25%; text-align: center; border: none;">Type of Account</th> <th style="width: 25%; text-align: center; border: none;">Account in Name of</th> <th style="width: 25%; text-align: center; border: none;">Account Number</th> <th style="width: 25%; text-align: center; border: none;">Balance</th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> </tr> </tbody> </table>		Type of Account	Account in Name of	Account Number	Balance	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
Name and Address of Applicant(s)	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Signature of Applicant</td> </tr> <tr> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Social Security Number</td> </tr> </table>	_____	Signature of Applicant	_____	Social Security Number												

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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 #	