Cryptocurrency Certification Instruction

Purpose: This form may be used to verify Applicant's/Resident's cryptocurrency account value when assets are over \$5,000 and needs to be verified.

Specific Instructions:

- 1. Enter property name.
- 2. Enter unit number.
- 3. Enter household name.

The following must be completed by the applicant/resident:

- 4. Enter the full name of the household member who owns the account.
- 5. Enter the date of the account value printout or date of statement.
- 6. Enter the current U.S. Dollar value of the cryptocurrency.
- 7. Sign, print name and date the form in the presence of a notary.

Notary completes the bottom section.

Note: This form should be accompanied by an account statement and/or account printout showing the cryptocurrency currently owned and the U.S. currency equivalent. If possible the household members name and date of account balance should be included on the printout.

CRYPTOCURRENCY CERTIFICATION

(to be completed by household members only, if applicable)

Property Name: (1)	υ	nit: <u>(2)</u>
Household Name: (3)		
1	le a sale e a antife de ad de a adda	aland a sassuut
I, (4) view/statement is a current reflection of	, nereby certily that the atta	icned account
The attached account view/statement w	vas taken on / /	The value of my
Cryptocurrency account equals \$ _(6)	in U.S. Currency.	
Under penalty of perjury, I certify that accurate to the best of my knowledge, representations herein constitutes an a result in the termination of a lease agree	. The undersigned further understan act of fraud. False, misleading or inco	d(s) that providing false
(7)	(7)	(7)
Signature of Applicant/Resident		Date
STATE OF WASHINGTON)	ign in Presence of Notary Only	
COUNTY OF)	SS.	
On this day of	, , personally a	appeared before me n to be the individual
described in and who executed the w under oath that she/he signed the sar and purposes therein mentioned.	ithin and foregoing instrument, and a	acknowledged to me
WITNESS my hand and official seal h	nereto affixed the day and year first a	above written.
NOTA	RY PUBLIC in and for the state of W	/ashington
Residi	ng at:	
Printed	d Name:	
My Co	mmission expires:	