DEPOSIT VERIFICATION REQUEST

TO: (Name and Address of Financial Institution)	Household:
	Unit #:
	Management Contact:
FROM: (Name and Address of Property)	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.

Type of Account	Account Number	Type of Account	Account Number
Applicant/Decident Name			CON
Applicant/Resident Name:			SSN:
Applicant/Resident Signature	:		Date:

Part II: THIS SECTION TO BE COMPLETED BY DEPOSITORY

Type of Account	Account Number	Balance	Avg 6 Month Balance	Interest Rate
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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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 #	-		