

Bloomington Housing Authority
1007 N. Summit Street
Bloomington, IN 47404
Fax: (812) 339-7177

BANKING VERIFICATION

To: _____ Name: _____

Address Address

City, State and Zip City, State and Zip

Social Security Number _____

Federal regulations require that we verify income, assets, and expenses of applicants and participants for federal housing assistance. The application/tenant identified above states that he/she is receiving income from his/her assets on deposit at your bank. Please fill in the form below and return it to us as soon as possible so that we may process the application.
Sincerely, Housing Authority Management

Authorization for Release Date
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List the average checking account balance for the past SIX months for all accounts held by the above-named individual:

Checking Account # _____ \$ _____

List the **CURRENT** savings account balance and interest rate for all accounts held by the above-named individual and interest earned to the past SIX months:

Savings Account # _____ \$ _____

Int. Rate _____ Int. Earned \$ _____

List all certificates of deposit, money market funds, and other investments held by the above-named individual:

Type _____ Int. Earned in last 6 months \$ _____
Acct. # _____ Prepayment Penalty _____
Invested Amt. \$ _____ Int. Rate _____

If there are additional accounts or investments held in your bank for the above-named individual, please attach another page.

Signature of Official/Title Date

WARNING: Section 1001 of Title 13 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Please return to the above address or fax number. Thank you for your cooperation.