

## ASSET VERIFICATION

Name of Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

The individual named directly above is an applicant/tenant of a housing program that requires verification of income and assets. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

### TO BE COMPLETED BY THE INSTITUTION MANAGING THE ASSET ACCOUNT:

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Please provide complete information on all assets held by the above-named person(s). Include information on any and all **STOCKS, BONDS OR SECURITIES, OR OTHER SIMILAR ASSETS** (Use an additional verification form if necessary.)

Type of Asset	Date Purchased	# of Shares	Price/Share	Dividend/Share	Earnings in last year

Please provide complete information on all assets held by the above-named person(s). Include information on any and all - **WHOLE LIFE INSURANCE, TRUST FUND, OR OTHER SIMILAR ASSETS**. \*Do not include retirement accounts or term life insurance.\*

Type of Asset	Date Purchased if applicable	Cash Value	Dividend / Interest Rate	Earnings in last year

Are any of the above assets held jointly and/or to the benefit of anyone other than the person listed above? Yes: ☐ No:

If 'yes', is the asset accessible by the person listed above? Yes No

What costs would be incurred to liquidate this asset? \_\_\_\_\_

Signature of Person

Verifying Information: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

