

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
ASSET VERIFICATION FORM**

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Institution)	Date:
Institution Address:	Phone/Fax:
RE: (Applicant/Resident Name)	Social Security Number:
RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.	
_____	_____
Applicant/Resident Printed Name	Signature

Date	
Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program, which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:	
Administrator/Owner/Management Name:	TDHCA Number:
Address:	Phone:
Email Address:	Fax:
Your prompt response is crucial and greatly appreciated,	
_____	_____
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature

Date	

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Present Balance	Interest Rate, if any

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. MUTUAL FUND / STOCK(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

E. TRUST

Type of Trust: (Check one) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Account holder is the: (Check one) <input type="checkbox"/> Beneficiary or <input type="checkbox"/> Grantor of the Trust
Value of administered Trust Fund: \$ _____
Anticipated amount of income to be earned by Trust over the next 12 months: \$ _____ Is the Amount: (Check one) <input type="checkbox"/> Reinvested or <input type="checkbox"/> Disbursed

F. LIFE INSURANCE POLICY

Type of Policy: (Check one) <input type="checkbox"/> Term Life Insurance <input type="checkbox"/> Universal or Whole Life Insurance
Current cash value of the Life Insurance Policy: \$ _____
Income or interest the Policy will generate over next 12 months (based on current circumstances): \$ _____

G. OTHER: Type of Account

Account Holder	Account Number	Present Balance	Annual Interest Rate/Income	Withdrawal Penalty

H. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of Financial Institution Representative Representative's Title Date

Representative's Printed Name Phone # Fax # Email

Financial Institution Name and Address

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).