

Request for Verification of Deposit

Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME/NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

I hereby authorize the release of the information requested below.

**Please fax back to: Asset Management & Realty, Inc.
P.O. Box 1558, Fort Lauderdale, FL 33302
Fax-954-671-6390**

Name and Address of Applicant(s)

Signature

Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Checking Account No.	_____	Average Monthly Balance for the last 6 months	\$ _____
Checking Account No.	_____	Average Monthly Balance for the last 6 months	\$ _____
Savings Account No.	_____	Current Balance	\$ _____
Savings Account No.	_____	Current Balance	\$ _____
Money Market Account No.	_____	Average Monthly Balance for the last 6 months	\$ _____
Money Market Account No.	_____	Average Monthly Balance for the last 6 months	\$ _____
CD Account No.	_____	Amount	\$ _____
CD Account No.	_____	Amount	\$ _____
Retirement Account No.	_____	Amount	\$ _____
Retirement Account No.	_____	Amount	\$ _____

Representative Signature

Print Name

Date

Phone #

Title (please print)

WARNING: Title 18, section 1001 of the US 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.

