

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 HUD HOUSING, FEDERAL HOUSING COMMISSIONER
REQUEST FOR VERIFICATION OF DEPOSIT

PRIVACY ACT STATEMENT-This information is to be used by the agency collecting it in determining whether you qualify for Assisted Housing under the regulations of the U.S. Housing Act. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. Failure to provide this information may cause your Application for Housing Assistance to be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 1452b (if HUD/CPD)

INSTRUCTIONS

LOCAL PROCESSING AGENCY: Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to the Depository named in Item 1. **DEPOSITORY:** Please complete Items 10 through 15 and return **DIRECTLY** to the Local Processing Agency named in Item 2.

PART I – REQUEST

1. TO (Name and Address of Depository)	2. FROM (Named and Address)
	DAVID CITY HOUSING AUTHORITY “SUNSHINE COURT” 1125 3 RD STREET DAVID CITY, NE 68632

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. Signature of Official of Local Processing Agency	4. Title	5. Date	6. Number (Optional)
	EXECUTIVE DIRECTOR		(402) 367-3587

7. INFORMATION TO BE VERIFIED:

Type of Account and/or Loan	Account/Loan in Name of	Account/Loan Number	Balance
			\$
			\$
			\$
			\$

TO DEPOSITORY: I have applied for Assisted Housing and stated that the balance on deposit in my accounts with you are as shown above. You are authorized to verify this information and to supply the local processing agency identified above with the information requested in Items 10 through 12.

8. NAME AND ADDRESS OF APPLICANT(S):	9. SIGNATURE OF APPLICANT(S):

TO BE COMPLETED BY DEPOSITORY

PART II – VERIFICATION OF DEPOSITORY

10. DEPOSIT ACCOUNTS OF APPLICANT(S)

Type of Account	Account Number	Current Balance	Rate of Interest	Interest Paid in Past 12 Mo.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF ELIGIBILITY FOR ASSISTED HOUSING:

CASH IN PENALTY ON ALL CD'S

13. Signature of Depository Official	14. Title	15. Date

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the local processing agency and is not to be transmitted through the applicant or any other party.