

BANK VERIFICATION

TO: _____

FAX.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME Port Terrace Apartments
APPLICANT/RESIDENT: _____
RE: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE BANK: *(Use an additional verification form if necessary)*

1. Does the above signed rent a SAFE DEPOSIT BOX? YES NO

2. TYPE OF ACCOUNT: CHECKING/SAVINGS/IRA/KEOUGH (please specify)

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

3. TYPE OF DEPOSIT: CERTIFICATE OF DEPOSIT (CD)/ MONEY MARKET ACCOUNT

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

4. TRUST ACCOUNT:

A. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

B. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____