

ASSET VERIFICATION

TO: _____

FAX#: _____

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

Account Number# _____

FAX #: _____

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 INSTITUTION MANAGING THE APPLICANTS ASSETS

1. Type of Asset(s) (e.g., Stock, Bonds, Life Insurance) _____
2. Life Insurance Valuation Date: _____
Whole Life: YES NO
3. Current Asset Cash Value: _____
4. Number of Units (e.g., shares): _____
5. Gross Annual Dividends/Interest Rate: _____
(If varies, please use average dividends/interest rate – this is important to complete)
6. Costs Incurred to Sell this Asset? _____

COMMENTS _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

OFFICE USE ONLY:

FORM # 11

