

INVESTMENT ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

| | | | | | |
|-------------------|--|----------|--|-------|--|
| Project Name: | | Unit ID: | | Date: | |
| Applicant/Tenant: | | SSN: | | | |

Financial Institution Contact:

| | | | |
|----------|--------|-----------------|--------|
| Name: | | Contact Person: | |
| Address: | | Phone: | Fax: |
| City: | State: | Zip: | Email: |

My Signature Authorizes Verification of Investment Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

- List only accounts that the individual has access to
- Please provide most recent quarterly or monthly statement

| Account Number | Type of Account | Full Balance | Surrender Fee/ Penalty | Annual Interest/Dividend Income* |
|----------------|-----------------|--------------|------------------------|----------------------------------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

| | | |
|--|---------|--------|
| Has the individual taken any distributions/made withdrawals from any account listed above? | [] YES | [] NO |
|--|---------|--------|

If yes, please complete following:

| Account Number | Gross Payment Amount | Payment Frequency | Fixed or Subject to Change? |
|----------------|----------------------|------------------------|---------------------------------|
| | \$ | [] Monthly [] Other: | [] Fixed [] Subject to Change |
| | \$ | [] Monthly [] Other: | [] Fixed [] Subject to Change |
| | \$ | [] Monthly [] Other: | [] Fixed [] Subject to Change |
| | \$ | [] Monthly [] Other: | [] Fixed [] Subject to Change |

Please list any expected changes:

If additional space is needed please attach a separate sheet with information, date and signature

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
|--------------------|---------------|

Name and Title of Person Supplying the Information

| | | |
|------------------|----------------|-----------------|
| _____ Phone # | _____ Fax # | _____ E-Mail |
|------------------|----------------|-----------------|

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction