BANK 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:				1	ı				
City:	S	State:		Zip:			Email:						
·		L	<u> </u>	•		L	I						
Bank Contact:			1										
Bank Name:				ntact Perso	on:								
Address:		1	Pho	one:			ı		ax:				
City:	C. C. CALD I	State:	<u> </u>			Zip:		E	lmail:				
My Signature Authorizes Veri	fication of My Bank	Account I	nform	ation:									
Applicant/Tenant Signatur	re						-	Date					
The individual named directly above is an applicant/tenant of the				RC § 42 Low RETURN THIS FORM TO:									
Income Housing Tax Credit						-		1110 1 0	1111111	-			
letermine eligibility for the pr	ogram and remains o	confidentia	l to the	e satisfacti	on of								
hat stated purpose only. You	r prompt response is	crucial and	l woul	d be great	ly								
appreciated.													
Project Owner/Management A	agent												
	TI	HIS SECTI	ONT	O DE CO	MDI E	TED	DV DANIZ	7					
	11.	IIS SECTI	ION I	O BE CO	MIT LE	IED	DIDANE	\					
CHECKING Account	Current Balance	Interest											
Number	\$	Rate	%										
	\$		%									_	
	\$		%										
	\$		%										
SAVINGS Account		Interest	70										
Number	Current Balance	Rate											
	\$		%										
	\$		%										
	\$		%										
OFFICE A ST	\$		%			1							
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate		Withdraw	al Penal	ty							
	\$		%										
	\$		%										
If retirement investments are If additional space is needed		_	_		n, date,		Yes, Amou	unt \$		1	Frequen	ıcy	
Signature Date													
Name and Title of Person Su	pplying the Information	on											
Phone # F	ax#		-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.



