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				
City:		State:		Zip:			Email:						
Pauls Cantagts		·											
Bank Contact: Bank Name:			Co	ntact Perso	on.								
Address:			+	one:	511.			Fax:					
City:		State:	111	one.		Zip:		Ema					
My Signature Authorizes V	erification of My Bar		ıforn	nation:		r·							
							_						
Applicant/Tenant Signat	ture							Date					
The individual named directly above is an applicant/tenant of the IRO						RETURN THIS FORM TO:							
Income Housing Tax Cree													
letermine eligibility for the hat stated purpose only. Y													
appreciated.	our prompt response	is cruciai and	wou	na oc great	ily.								
Project Owner/Managemen	t A cont												
Toject Owner/Managemen	t Agent												
	T	HIS SECTION	ON T	го ве сс	MPLE	TED	BY BANK	X					
CHECKING Account	G P I	Interest											
Number	Current Balance	Rate											
	\$		%										
	\$		%										
	\$		%									_	
CAMBICCA	\$	T	%									_	
SAVINGS Account Number	Current Balance	Interest Rate											
	\$		%										
	\$		%										
	\$		%									_	
OTHER A	\$	Let	%			1							
OTHER Account (i.e. CD Money Market; Debit, etc		Interest Rate		Withdraw	al Penal	ty							
	\$		%										
	\$		%										
If retirement investments	are held, are withdraw	vals taken? []] YE	S []NO		If	Yes, Amou	unt \$		F	requen	су	
If additional space is need	led, please attach a se	eparate sheet	with	informatio	on, date,	and.	signature						
Signature Date													
Name and Title of Person	Supplying the Informa	tion											
Dhana #	F#		N 4 = ''										
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.

