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:			
City:		State:		Zip:		Email:	

Bank Contact:

Bank Name:			Contact Person:				
Address:			Phone:			Fax:	
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Bank 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.

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Current Balance	Interest Rate	
	$	%	
	$	%	
	$	%	
	$	%	
SAVINGS Account Number	Current Balance	Interest Rate	
	$	%	
	$	%	
	$	%	
	$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	$	%	
	$	%	

If retirement investments are held, are withdrawals taken? [ ] YES [ ] NO If Yes, Amount $_____ Frequency _____

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.

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