

# TRUST 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:	

**TRUST ACCOUNT CONTACT INFO:**

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

My Signature Authorizes Verification of my Trust 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 TRUSTEE**

Trust Account Number: \_\_\_\_\_ Date Established: \_\_\_\_\_

Applicant/Tenant is:       Grantor       Beneficiary       Other:

Check One:                       Trust Account is Revocable                       Trust Account is Irrevocable

Control of the Account is Held by: \_\_\_\_\_

Cash Value Amount of Trust:      \$ \_\_\_\_\_ \*cash value is current value minus any costs required to convert the account to cash

Are Periodic Payments Paid to Applicant/Tenant?       YES       NO

If YES,  
Total Amount Paid out in Last 12 Months:      \$ \_\_\_\_\_

Total Amount Anticipated in Next 12 Months:      \$ \_\_\_\_\_

Total Annual Interest/Dividend Income:      \$ \_\_\_\_\_ \*even if income is re-invested

**AUTHORIZED SIGNATURE**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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.

