

BANK VERIFICATION

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

| | | | |
|-------------------|--|---------------|---------|
| Project Name: | | IFA Project # | Date: |
| Applicant/Tenant: | | SSN: | Apt. #: |

TO:

| | |
|--|---------------|
| Name: | Date: |
| Address: | Phone: |
| City: State: Zip: | Fax: |
| 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 Credit Program. The information provided will be used to determine eligibility for the program and remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Christine R. Hall

Project Owner/Management Agent

RETURN THIS FORM TO:

Habitat for Humanity of Iowa
5191 Maple Drive, Suite L
Pleasant Hill, IA 50327
Fax: 866-279-8721 | Phone: 515-266-6886
Email: chall@iowahabitat.org

**Please list ALL account information. Use back of page if more space is needed
(To be completed by financial institution)**

| Account Number | Checking | Savings | Current Balance | Avg. 6 Month Balance | Interest Rate (if applicable) |
|----------------|--------------------------|--------------------------|-----------------|----------------------|-------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | % |

Certificates of Deposit

| Account Number | Amount | Date of Maturity | Early Withdrawal Penalty | Interest Rate |
|----------------|--------|------------------|--------------------------|---------------|
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |

Money Market

| Account Number | Amount | Date of Maturity | Early Withdrawal Penalty | Interest Rate |
|----------------|--------|------------------|--------------------------|---------------|
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |
| | \$ | | \$ | % |

IRA, KEOGH, Pensions

| Type of Account | Current Cash Value* | Does individual have access to funds? | Is individual taking payments from account? | If Yes, list Amount & Frequency | Interest Rate/ Projected Earnings |
|-----------------|---------------------|---|---|---------------------------------|-----------------------------------|
| | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | % \$ |
| | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | % \$ |
| | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | % \$ |
| | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | % \$ |

* Current Cash value is the amount the holder would receive if converted to cash (minus penalties)

Are there any other accounts held by this person or their minor dependents? Yes No

If yes, please list:

| Account Number | Type of Account | Current Balance | Avg. 6 Month Balance | Interest Rate (if applicable) |
|----------------|-----------------|-----------------|----------------------|-------------------------------|
| | | \$ | \$ | % |
| | | \$ | \$ | % |
| | | \$ | \$ | % |
| | | \$ | \$ | % |
| | | \$ | \$ | % |

Preparer's Signature

Date

Print Name/Title

Phone Number

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.