



Please fax response to:
325-676-6375
Counselor: _____

VERIFICATION OF FINANCIAL DATA

Bank Name: _____

Address/Branch: _____

Phone Number: _____ Fax: _____

In order to establish my/our eligibility for housing assistance, I authorize the financial institution listed above to release all information related to checking/savings accounts, stocks, bonds, certificates, and other securities in my name or any joint accounts. This verification of financial data also authorizes my financial institution to fax/mail the completed verification form which will disclose my account numbers and account balances. I understand that the faxing of account information may be against the policy of my financial institution. However, I agree to hold the recipient harmless of liability for faxing this information to Abilene Housing Authority.

Account Holder Name (Print)

Account Holder Name (Print)

Social Security Number

Social Security Number

Signature

Signature

Do NOT WRITE BELOW THIS LINE

(To be completed by the Financial Institution)

Type of Account #1 _____ 6 Month Average Balance _____

Interest earned past year \$ _____ Current Rate of Interest _____

Type of Account #2 _____ 6 Month Average Balance _____

Interest earned past year \$ _____ Current Rate of Interest _____

Stocks _____ Bonds _____ CDs _____

\$ _____ @ _____ % Interest Year to date interest earned \$ _____ Maturity Date: _____

Penalties for early withdrawal: _____ Broker Fees _____ Legal Fees _____ Settlement Cost _____

Others _____

Printed Name of Person Completing Form

Signature of Person Completing Form

Date

Title

Phone: 325-676-6385

Fax: 325-676-6375

Relay Services: 711 or 1-800-RelayTX

Website: www.abileneha.org

Equal Opportunity Employer / Equal Housing Opportunities

