ASSET VERIFICATION						
DATE:						
TO:			PROPERTY:	UNIT#:		
ADDDECC.			ADDRESS:	01,11		
CONTACT:			CONTACT:			
TEL:	FAX:		TEL:	FAX:		
The individual named direct provided will remain confide enclosed self-addressed envelopment of TENANT/APPL	ential to satisfaction o elope. Thank you for	f that stated purpose your prompt respons	only. Please complete e.	the section below and ret	urn it in the	
RELEASE STATEMENT I hereby authorize the above determining my eligibility for		agent to make inquiri	es regarding release o	f asset information for th	e purpose of	
SIGNATURE DAT				ATE		
Please list ALL accourant balance, the 6-	-month average b	oalance, and the i	interest rate or di	vidend yield.	·	
Asset Type	<u>Account</u> <u>Number</u>	Current Balance MM/YY	6-Month Average Balance MM/YY- MM/YY	<u>Current</u> <u>Interest Rate/</u>	<u>Dividends</u>	
Time Period			_	<u> </u>		
Checking			_			
Savings						
Certificate of						
Deposit			<del>-</del> -			
Money Market						
Account  Trust Fund						
Bond						
Other:		_	_	<del></del>		
Other.						
Other:				<u> </u>		
Are there any other accou	nts held by this pers	or their minor d	ependents? YE	ES NO		
If yes, please list:						
AUTHORIZED REPRE		correct to the best	of my knowledge			
I certify that the above information is true and correct to the best of my knowledge.  SIGNATURE/TITLE				DATE	DATE	
PRINTED NAME				TELEPHONE		

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.