



**TDHCA Single Family Programs  
ASSET VERIFICATION**

**I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR AND EXECUTED BY APPLICANT**

<b>Name of Financial Institution:</b>	<b>Date:</b>
<b>Address:</b>	<b>Phone/Fax:</b>
<b>Applicant Name:</b>	<b>Last 4 of Social Security Number: XXX-XX-</b>
<b>Release:</b> My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.	

<b>Applicant Name</b>	<b>Signature</b>	<b>Date</b>
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**INFORMATION FOR FINANCIAL INSTITUTION**

The individual named directly above is an applicant for a Texas Department of Housing and Community Affairs Single Family Program activity which requires verification of income. We ask your cooperation in supplying this information to the below reference Administrator. The information provided will remain confidential and be used only to determine the eligibility status and level of benefit available to the applicant. **Your prompt response is crucial and greatly appreciated. Please return this completed form by mail, email or fax to:**

<b>Administrator:</b>	<b>TDHCA Contract Number:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Email Address:</b>	<b>Fax:</b>

<b>Administrator Authorized Representative Name</b>	<b>Signature</b>	<b>Date</b>
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**II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

**A. CHECKING ACCOUNT(S)**

Account Holder	Account Number	Average 6 Month Balance	Interest Rate, if any

**B. SAVINGS ACCOUNT(S)**

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

**C. CERTIFICATE(S) OF DEPOSIT**

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

## TDHCA Single Family Programs Asset Verification (Continued)

### D. 401K PLAN/INDIVIDUAL RETIREMENT ACCOUNT (IRA) / OTHER RETIREMENT ACCOUNTS

Does account holder have access to any of the below referenced retirement accounts prior to termination or retirement?  Yes  No

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

### E. MUTUAL FUND/STOCKS

Account Holder	Account Number	Present Balance	Annual Interest Rate / Annual Income*	Withdrawal Penalty

\*Please answer this question based on the income the asset is current generating

### F. TRUST

Type of Trust: (check one)  Revocable  Irrevocable

Account holder is the: (check one)  Beneficiary or  Grantor of the Trust

Value of administered Trust Fund: \$

Anticipated amount of income to be earned by Trust over the next 12 months: \$

Is the amount: (check one)  Reinvested or  Disbursed

### G. LIFE INSURANCE POLICY

Type of Policy: (check one)  Term Life Insurance  Universal or Whole Life Insurance

Current Cash Value of the life insurance policy: \$

Income or interest the policy will generate over the next 12 months (based on current circumstances): \$

### H. OTHER TYPE OF ACCOUNT: \_\_\_\_\_

Account Holder	Account Number	Present Balance	Annual Interest Rate / Annual Income	Withdrawal Penalty

#### AUTHORIZED REPRESENTATIVE CERTIFICATION

\_\_\_\_\_  
Representative Signature Representative Title Date

\_\_\_\_\_  
Representative Name Phone Number Fax Number Email

**Financial Institution Name and Address**  
 Note: Title 18, Section 1001 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.