



**TDHCA Single Family Programs
ASSET VERIFICATION**

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

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

Applicant Name	Signature	Date
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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:**

Administrator:	TDHCA Contract Number:
Address:	Phone:
Email Address:	Fax:

Administrator Authorized Representative Name	Signature	Date
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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.