



Verification of Income From Assets

DATE ____ / ____ / ____

FINANCIAL INSTITUTION

NAME & ADDRESS: _____

ACCOUNT # _____

Re: _____ SS #: ____ / ____ / ____
(Applicant/Tenant Name)

(Applicant/Tenant Address)

We are required by federal regulations set forth in Section 42 of the Internal Revenue Code, known as Low Income Housing Tax Credit, to verify the income and assets of applicants/residents of our housing. The applicant/resident named above has authorized the release of the requested information. This information will be used solely for the purpose of determining eligibility. A self-addressed envelope has been included for your convenience. Please contact this office if you have any questions. Thank you.

MELISSA ROSARIO Lemle & Wolff, Inc. 5925 Bronx, NY 10463 (718) 884 - 7676 Ext
Manager (Print Name) Company's Name & Address Telephone Number

*****PLEASE FAX BACK TO 718-884-5300*****

I hereby authorize the release of the information requested on this verification form.

(Applicant/Tenant Signature) Date

----- BELOW TO BE COMPLETED BY FINANCIAL INSTITUTION -----

Please complete as appropriate:

Six (6) months Balance for Checking account(s): \$ _____ Interest Rate _____ %

Current Balance in Savings Account(s): \$ _____ Interest Rate _____ %

Current Balance in CD: \$ _____ Interest Rate _____ % Withdrawal Penalty _____

Value of Trust Fund Administered: \$ _____

Anticipated Earnings over next 12 months: \$ _____

Other Asset (Type): _____ Value of Asset: \$ _____

Valuation Date: _____ Anticipated Earnings over next 12 months: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Official (Print Name/Title) Signature of Official

Date Telephone #

EFFECTIVE DATE: _____