



REQUEST FOR VERIFICATION OF DEPOSIT

(Applicant, please complete this section.)

NAME OF BANK:	
ADDRESS:	
Telephone Number:	

FROM / RETURN TO:

NAME:	Aisha Westcarth
ADDRESS:	Department of Housing & Community Development c/o Commission on Affordable Housing 160 Australian Avenue, Suite 500 West Palm Beach, FL 33406
PHONE:	(561) 233-3600 FAX 561-656-7553

APPLICANT INFORMATION: *(Applicant, please complete this section.)*

NAME(S):	
SOC. SEC. NO:	
ADDRESS:	

NOTE TO VERIFYING AGENCY:

The applicant(s) identified herein has applied for housing assistance under a federally assisted program administered by this office. The information requested in this verification is for the confidential use of this agency and its funders. Please furnish the information requested below and return this form to the address indicated above.

AUTHORIZATION BY APPLICANT(S): *(Applicant, please print and sign your name below.)*

I/We hereby authorize release of the requested information:

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date

NOTE: This section is to be completed by your bank and sent directly to Palm Beach County.

DEPOSIT DATA:

TYPE OF ACCOUNT	ACCOUNT NUMBER	OPENING DATE	CURRENT BALANCE	AVERAGE BALANCE (Previous 6 months)	AVERAGE INTEREST (Previous 6 months)
Checking			\$	\$	\$
Savings			\$	\$	\$
Certificate of Deposit			\$	\$	\$
Money Market			\$	\$	\$
IRA			\$	\$	\$
			\$	\$	\$

INFORMATION PROVIDED BY THE BANK OR FINANCIAL INSTITUTION REPRESENTATIVE :

_____	_____	_____
Print Name & Title	Signature	Date