Department of Housing Preservation & Development

Division of Tenant Resources

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)

FORM 5. VERIFICATION OF ASSETS

The purpose of this form is to provide third party verification of each household member's assets. Assets are items of value that may be turned into cash and may include savings accounts, checking accounts, IRA accounts, Certificates of Deposit (CDs), and stocks/bonds. Each household member must provide bank statements or other evidence of assets provided by the financial institution. If these statements are not available, each member must have their financial institution complete this form.

- If an asset holder has unverified assets from more than one financial institution, a separate form should be used for each financial institution.
- If assets reported on this form are joint assets, one form may be submitted for the joint asset holders.

SECTION A TO BE COMPLETED BY HEAD OF HOUSEHOLD, AND RETURNED IF NO MEMBER OF THE HOUSEHOLD HAS ASSETS

SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY FINANCIAL INSTITUTION FOR EVERY MEMBER OF THE HOUSEHOLD WITH ASSETS

Have you completed this form?	
Yes ☐	Not Applicable- (Complete Section A) ☐

SECTION A ***(To be completed and returned by Head of Household, if applicable)***

I certify that no one in my household has a savings account, checking account, IRA, CD or stocks/bonds

Signature (Head of Household):_____ Date: _____

SECTION B ***(To be completed by financial institution for each household member with assets)***

Name of Asset Holder _____ Social Security Number _____

Type of Asset (savings, checking or retirement account, stocks, CDs, etc.)	Account Number	Current Balance	Early Withdrawal Fees or Penalties (if any)	Current Rate of Interest/ Number of Shares	Is This a Joint Account/Asset?	
					Yes/ No	Joint Asset Holder's Name

Financial Institution: _____ Address _____

Representative:_____ Title: _____Telephone: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is true and correct as of _____ (date). I understand that providing false statements to a government agency is punishable under federal law.

_____ _____/_____/_____

SIGNATURE OF OFFICIAL DATE

Printed on paper containing 30% post-consumer material.