IRA, KEOGH, SEP PLAN, INDK VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed or faxed to the resident/applicant's Financial Institution by on-site personnel. The resident/applicant cannot "hand carry" this form.

TO: (Name & address of Financial Institution)

_____

_____

_____

☐ 1st Request _____

☐ 2nd Request _____

☐ 3rd Request _____

Fax #: _____

Attn: _____

RE: _____ Applicant/Resident Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of my asset information.

_____ Signature of Applicant/Resident _____ Date

The individual named above is an applicant/resident of a housing program that requires verification of assets. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____ Management Agent

_____ Phone Number

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please do not leave **any** sections blank; **enter zero "0" or "None."** Please do **not** use correction fluid.

Type of Account ☐IRA Keogh SEP Plan INDK Other_____

Current Balance: $ _____ Early Withdrawal or Surrender Fees: $_____ or _____%

Interest Rate and/or
Dividend Earnings: $_____ Frequency: Month Quarter Year Other_____

(Note: Once Periodic Payments or RMD are received, this account is no longer treated as an asset, it is income)

Does the account holder receive Periodic Payments? Yes No

If yes, List the GROSS amount of payment: $_____ Per Month Quarter Year Other_____

Is the account holder required to take Required Minimum Distribution (RMD)? Yes No

If yes, List the Gross amount of Payment: $_____ Per year

Are there any expected changes in the upcoming 12 months? Yes No

If Yes, Please Explain: _____

(Note: Use the Higher of Periodic Payments or RMD as income on the TIC.)

_____ Signature of Person Supplying Information _____ Printed Name and Title _____ Date

_____ (Company) Name _____ E-mail Address _____ Phone # _____ Fax #

NOTE: Section 1001 of Title 18 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.

QUADEL