## **VERIFICATION OF: Assets on Deposit**

(Name of HOME Participating Jurisdiction)	Checking Account No.	Average Monthly Balance for Last 6 Months	Current Interest rate	
	Savings Accounts	Current Balance	Current Interest Rate	
AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income	Certificate of Deposit Account No.	Amount	Withdrawal Penalty	Current Interest Rate
periodically. We ask your cooperation in supplying this information. This information				
will be used only to determine the eligibility status and level of benefit of the household.	IRA, Keogh, Retirement Accounts			
Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Account No.	Amount	Withdrawal Penalty	Current Interest Rate
	Money Market Funds	Amount (Average 6-month Balance)	Interest Rate	
<b>RELEASE</b> : I hereby authorize the release of the requested information.	Signature of or Authorized Representative			
(Signature of Applicant)				
Date:	Title:			
Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Date:			
	Telephone:			
WARNING: Title 18 Section 1001 of the LLS Code states that a person is quilty of a felopy for knowingly and				

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.