

BANKING VERIFICATION

Applicant: _____ Social Security No.: _____

Address: _____

The individual named directly above is applying for a housing program that requires verification of income. The information provided will remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Applicant's Signature

Date

Return Form To:

Intake Unit
Department of Housing & Family Services
Division of Housing & Community Development
745 West Main Street, Third Floor
Louisville, KY 40202

(Faxes are acceptable – 574-4199)

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Last 6 Months' Average Balance	Last 6 Months' Interest Income	Date Account Opened
Checking Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
	Current Account Balance	Current Interest Rate	Date Account Opened
Savings Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Other Accounts (list):			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Financial Institution

Telephone Number

Address

City

State

Zip

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.