## **ASSET VERIFICATION FORM**

Checking, Savings, Certificate of Deposit, and Money Market Accounts

Name of Financial Organization:				PLEASE RETURN FORM TO:		
				Chicago Dep	artment of Housing	
Address:				(DOH)	-	
SUBJECT: \	/erification of Information Supplied by an App	licant/Tenant for Hous	ing Assistance	AroApps@ci	tyofchicago.org	
00202011			ing / looiotanoo	Fax: 312-742		
NA	AME:					
A	DDRESS:					
This person	has applied for housing assistance under a p	rogram of the City of C	bicado Department of I	Housing Affordable Re	auirement Oridinance Program (ARO)	
	rogram requires the owner to verify all inform			-		
	cooperation in providing the following inform					
will help to e	nsure timely processing of the application for				formation as shown below.	
			y Financial Organ			
Cheaking	(Please answer all	questions. Answ	er N/A if the quest	tion doesn't appl	y.)	
Checking	Average Balance for					
Account #	Average Balance for Previous Six (6) Months: \$	Interest Rate	Date Account C	)pened <sup>.</sup> D:	ate Account Closed:	
	Average Balance for					
Account #	Previous Six (6) Months: \$	Interest Rate:	Date Account C	Dpened: Da	ate Account Closed:	
Savings /	Account					
-	Current Balance: \$	Interest Rate:	Date Account Ope	ened: Date	Account Closed:	
	Current Balance: \$					
Certificat	es of Deposit					
	Current Value		Rate of Interest:	Cash Valu	e*	
	Cash value is the current value minus penaltie					
			Rate of Interest:		e*	
	Cash value is the current value minus penaltie					
	Current Value				e*	
*C	Cash value is the current value minus penaltie	es for early withdrawal	or cost to convert to cas	h (broker fees, etc.)		
Money Ma	arket					
Account #	Current Value		Rate of Interest:	Cash Valu	e*	
*Cash value	is the current value minus penalties for early	withdrawal or cost to o	convert to cash (broker f	fees, etc.)		
Name and	Title of Person Supplying the Informatio	n Firm/Organizatio	n Name	Signature	Date	
RELEASE:	I hereby authorize the release of the re	quested information.	Information obtained	under this consent	is limited to information that is	
no older the	an 12 months. There are circumstances	that would required	the owner to verify in			
authorized	by me on a separate consent attached t	to a copy of this con	sent.			
Signature	Date	s	SN#			
	APPLICANT/TENANT: You do not hav ation is left blank.	ve to sign this form	if either the request	ting organization o	or the organization supplying	
			too that a name of in mult	f a falany far her suite st	nd willingly making false and forwards	
statements to	OR MISUSING THIS CONSENT: Title 18, Section any department of the United States Government.	HUD and any owner (or a	ny employee of HUD or the	owner) may be subject to	o penalties for unauthorized disclosures	
	ses of information collected based on the consent for nowingly or willingly requests, obtains, or discloses					
fined not more	than \$5,000. Any applicant or participant affected	by negligent disclosure of	information may bring civil	action for damages and s	seek other relief, as may be appropriate,	
	icer or employee of HUD or the owner responsible ne Social Security Act at 208(a) (6), (7) and (8). Vio					

