

**SAMPLE
ANNUITY, KEOGH, IRA & 401K
VERIFICATION**

To: _____ Date: _____

_____ has applied for residency (or is a resident) at _____.
As part of our processing, it is necessary that we obtain verification of his/her income/asset information. The applicant/resident hereby authorizes the release of information regarding his/her _____.

Please complete the section below and return it in the enclosed, self-addressed envelope. (Please mail rather than have the above individual hand deliver). Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident Printed Name of Manager

Signature of Applicant/Resident Date Signature of Manager Date

Social Security Number: _____
Policy Number: _____ Manager's Phone Number _____

The following is to be completed by authorized personnel:

1. What is the current account balance? \$ _____
2. Does the account owner receive regular payments? Yes _____ No _____
3. If no, when will payments begin? _____
4. Monthly gross payment amount \$ _____
5. Does owner have the right to withdraw the balance? Yes _____ No _____
6. If yes, are there penalties? Yes _____ Est. Penalty _____ No _____
7. Estimated annual growth rate or return: _____
8. Amount received in lump sum: \$ _____
Date received _____

Printed Name of Authorized Representative Title

Signature

Date Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.