

TRUST ACCOUNT VERIFICATION

To: _____ From: _____

RE: _____ Phone: _____
Unit #: _____ Email: _____
Last 4 digits of SS #: _____ Fax: _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

The household member named above has applied for or is recertifying eligibility for housing financed or assisted by the Federal or State Government. The housing owner is required to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to the project listed above will help to ensure timely processing of the assistance application.

Trust Account Number: _____ Date Established: _____

Applicant is: Grantor Beneficiary Other: _____

Trust Type: Revocable Irrevocable Special Needs Other: _____

Control of the Account is Held by: _____

Does Applicant/Tenant have access to or the ability to withdraw funds? Yes No

Please explain: _____

Principle Amount of the Trust: \$ _____ Total Annual Interest/Dividend Income (provide even if reinvested): \$ _____

Are periodic distributions being made? Yes No

Are distributions made for the health or medical expenses of a minor? Yes No

If "Yes", please provide amount: \$ _____

Are distributions made from the principal balance ONLY? Yes No

If "No", please provide the following information for earned income:

Total amount paid out in the last 12 months: \$ _____

Total amount anticipated to be paid out in the next 12 months: \$ _____

I certify that the above information is true and correct.

Signature _____ Printed Name and Title _____

Telephone _____ Email Address _____ Date _____

PENALTIES FOR MISUSING THIS VERIFICATION

Equal Housing Opportunity

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, HUD, and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8). **