

401K ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed or faxed to the resident/applicant's 401K Administrator by on-site personnel. The resident/applicant cannot "hand carry" this form.

TO: (Name & address of 401K administrator)

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

Attn: _____

RE: _____
Applicant/Resident Name

_____ Social Security Number

_____ Unit # (if assigned)

I hereby authorize release of my asset information.

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of assets. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Lemle & Wolff, Inc

Management Agent

718-884-7676 ext 235

Phone Number

Return Form To:

Beacon Mews c/o Lemle & Wolff, Inc

5925 Broadway, Bronx NY 10463

Fax: 718-884-5300

THIS SECTION TO BE COMPLETED BY 401K ADMINISTRATOR

Please do **not** use correction fluid.

Does the employee have access to any of the funds while employed? _____ Yes _____ No

If no, please sign and date the bottom of this form and return.

If yes, what amount is available for withdrawal? \$ _____

Include only the amount available for withdrawal. Do not include amounts that an employee can take a loan against, but must be repaid.

If this amount is zero, please sign and date the bottom of this form and return.

What is the current market value of the account? \$ _____

What is the penalty for withdrawal? \$ _____

What are the annual dividends or the current annual yield? \$ _____ or _____ %

Signature of 401K Administrator

Printed Name and Title

Date

Company Name

E-mail Address

Phone #

Fax #

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.