

**VERIFICATION OF INCOME FROM ASSETS**

DATE \_\_\_\_\_

FINANCIAL INSTITUTION  
NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Re: \_\_\_\_\_ SS #: \_\_\_\_\_  
(Applicant/Tenant Name)

\_\_\_\_\_  
(APPLICANT/TENANT ADDRESS)

We are required by federal regulations set forth in Section 42 of the Internal Revenue Code, known as Low Income Housing Tax Credit, to verify the income and assets of applicants/residents of our housing. The applicant/resident named above has authorized the release of the requested information. This information will be used solely for the purpose of determining eligibility. A self-addressed envelope has been included for your convenience. Please contact this office if you have any questions. Thank you.

MELISSA ROSARIO                      Lemle & Wolff, Inc. 5925 Bronx, NY 10463                      (718) 884 – 7676 Ext 235  
Manager (Print Name)                      Company's Name & Address                      Telephone Number

\*\*\*\*\*

**FAX BACK TO 718-884-5300**

I hereby authorize the release of the information requested on this verification form.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

**BELOW TO BE COMPLETED BY FINANCIAL INSTITUTION**

\*\*\*\*\*

**Please complete as appropriate:**

Six (6) months Balance for **Checking account(s)**: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Current Balance in **Savings Account(s)**: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Current Balance in **CD**: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_% Withdrawal Penalty \_\_\_\_\_

Value of **Trust Fund** Administered: \$ \_\_\_\_\_

Anticipated Earnings over next 12 months: \$ \_\_\_\_\_

**Other Asset** (Type): \_\_\_\_\_ Value of Asset: \$ \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Anticipated Earnings over next 12 months: \$ \_\_\_\_\_

***I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.***

\_\_\_\_\_  
Official (Print Name/Title)

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

EFFECTIVE DATE: \_\_\_\_\_