



1420 Fuller Ave. SE | Grand Rapids, MI 49507  
(616) 235-2600 | www.grhousing.org

## BANKING VERIFICATION

**ALL DOCUMENTS SHOULD COME DIRECTLY TO THE GRAND RAPIDS HOUSING COMMISSION FROM THE PROVIDER BY MAIL OR FAX.**

Name: \_\_\_\_\_ ACCT #/SS #: \_\_\_\_\_

Bank: \_\_\_\_\_ Date: \_\_\_\_\_

Federal law requires that the assets of all applicants or occupants of federally assisted housing be verified. This information is necessary for determining both eligibility and the level of assistance that may be required. The information provided is strictly for the purpose stated and will remain confidential. **Please return the information by fax to 616-235-2660.** Thank you for your assistance.

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I, \_\_\_\_\_, hereby authorize the release of this information.  
**Applicant/Tenant Signature**

**Average Checking Account Balance for Past 6 Months:** \$ \_\_\_\_\_

**Acct #:** \_\_\_\_\_

**Current Savings Account Balance** \$ \_\_\_\_\_

**Acct #:** \_\_\_\_\_ **Interest Rate:** \_\_\_\_\_

Certificate(s) of Deposit:

Acct #: \_\_\_\_\_ Value \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Acct #: \_\_\_\_\_ Value \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

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Acct #: \_\_\_\_\_ Value \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Money Market Certificate(s) or IRA(s):** Value \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE RETURN BY **FAX** OR MAIL TO:

**FAX: 616-235-2660** PHONE: 616-235-2600  
Grand Rapids Housing Commission  
1420 Fuller SE  
Grand Rapids, MI 49507