



GRAND RAPIDS HOUSING COMMISSION

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: _____

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

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