



VERIFICATION OF: Deposit (GRANT FUNDED PROGRAM)



Community Services
Department Community
Assistance Division
534 West Lake Mary Blvd.
Sanford, FL 32773-7400



Bank Name: _____

Fax # _____

AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name: _____

SS# _____

Checking
Account No.

Savings
Accounts

Certificate of
Deposit
Account No.

Average Monthly
Balance for Last
6 Months

Current Balance

Amount

Current
Interest rate

Current
Interest Rate

Withdrawal
Penalty

Current
Interest Rate

IRA, Keogh, Retirement Accounts, 401k

Account No.

Amount

Withdrawal
Penalty

Current
Interest Rate

Money Market
Funds

Amount
(Average
6-month
Balance)

Interest Rate

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: 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.