## **Asset Verification**

Date:	
To: From	n:
Name of Institution	Apartment Community Name
Address	Management Representative
City, State, Zip	Address
Subject: Verification of Information Supplied by an Applicant/Resident for Housing Assistance	City, State, Zip
	Phone and Fax Numbers
Name of Applicant/Resident	
Address	
City, State, Zip	
Social Security Number	
We are required to verify the income of all household mesidents to Sacramento Housing and Redevelopment A to re-determine periodically the income of resident house determining the household's eligibility or level of benefit ask your cooperation in completing the applicable items and to return this information to the apartment community information will help assure timely processing of the self-addressed return envelope is enclosed. The application of information as shown below. Thank You.	agency assisted housing apartments and seholds. This information is to be used in its. To comply with this requirement, we for the applicant/resident listed above nity listed above. Your prompt return of applicant/recertification. A stamped,
RELEASE: I hereby authorize the release of the requeste	ed information.
Applicant/Resident Signature and Print Name	Date
CONTRACTOR OF THE PROPERTY OF	Continued on next page



## **Asset Verification (continued)**

## **INFORMATION REQUESTED:**

Type of Account	Current	Average 6 month	<b>Current Interest</b>
	Balance	Balance	Rate per month
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

Anticipated changes in the next 12 months:		
Name of Institution	Signature and Date	
Telephone Number	Print Name and Title	

## PENALTIES FOR MISUSING THIS CONSENT:

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).



