

VERIFICATION OF ASSETS

TO: _____

DATE: _____
 APPLICANT(S): _____
 SOCIAL SECURITY #(S): ___XXX-XX-_____

The individual listed above is an applicant or tenant of housing under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the owner to verify all information that is used in determining eligibility. We ask your cooperation in providing the following information and returning it as soon as possible. Your prompt return of this information will help to assure timely processing of the application or recertification for assistance.

Rasidy Mullins

 MANAGEMENT AGENT SIGNATURE

RETURN FORM TO:

Big Stone Gap Housing Authority
 PO Box 536-Big Stone Gap, VA 24219
 Fax: 276-523-5141
 Email: bsgha@bsgha.org

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 willingly 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. The applicant or tenant does not have to sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information. This consent form is valid for 15 months from the date it is signed.

_____ DATE

TENANT SIGNATURE(S)

INFORMATION BEING REQUESTED

CHECKING ACCOUNT Yes No Interest Bearing Yes No Interest Rate _____ %
 Previous six-month average balance \$ _____

OTHER ACCOUNTS:

* TYPE OF ACCOUNT * SEE PAGE 2	BALANCE	CURRENT INTEREST RATE OR AVERAGE RATE OF RETURN	PENALTY AMOUNT FOR EARLY WITHDRAWAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VERIFICATION OF ASSETS

***ADDITIONAL
INFORMATION
REQUIRED FOR:**

*BURIAL/FUNERAL
ACCOUNTS*

TRUST ACCOUNTS

LIFE INSURANCE

ANNUITIES

PENSION FUNDS

401K

KEOGH

IRA

*RETIREMENT
ACCOUNTS*

- 1) Does the account holder have the option of withdrawing the balance? Yes No
 If yes, what is the surrender or early withdrawal penalty fee? _____
 If yes, what is the tax rate/tax penalty? _____
- 2) What is the cash value or surrender value? _____
- 3) Is the account holder subject to Required Minimum Distributions (RMD's)?
 Yes No
 If yes, please attach a print out or complete the following information:
 \$_____ (amount) per _____ (month, quarter, annual)
- 4) Is the account holder receiving periodic payments? Yes No
 If yes, please attach a print out or complete the following information:
 \$_____ (amount) per _____ (month, quarter, annual)

*TRUST
ACCOUNTS*

- 1) Is the party listed above the Grantor Beneficiary
- 2) Is the Trust Account Revocable Irrevocable

COMPLETED BY:

NAME/TITLE

AGENCY

PHONE

SIGNATURE

DATE

FAX