

REQUEST FOR VERIFICATION OF ASSETS

TO _____
(Name of Financial Institution)

DATE _____

(Address)

RE _____
(Applicant Name)

(City, State and Zip Code)

SS# _____

The person listed above has indicated that he or she has accounts with your Institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above management agent to make inquiries regarding my accounts for the purpose of determining my eligibility for occupancy.

Signature: _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE FINANCIAL INSTITUTION:

Account Holder's Name: _____

Type of Account or Asset and/or Account #	Withdrawal Penalty	Average Balance for the Last 6 Months	Current Balance or Value of Asset	Current Interest Rate or Yearly Dividend Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Authorized Signature) _____ (Date)

(Title) _____ (Phone)

PLEASE RETURN FORM TO:

Woodstone Village Apartments
(Name and Title)

P. O. Box 536
(Address)

Big Stone Gap, VA 24219
(City, State and Zip Code)

Phone: (276) 523-4788

Fax: (276) 523-5141