



**Account Verification**

The use of whiteout or alteration of original information will void this document, complete all requested information; anything left blank will be viewed as unanswered.

**PART I: To be completed by Applicant/Tenant**

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant/Tenant:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

My Signature Authorizes Verification of My Bank Account Information.

\_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_  
Date

**Part II: To Be Completed by Financial Institution**

The individual named directly above is an applicant/tenant of subsidized housing. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated. Forms can be emailed to Email: [jelia33447@aol.com](mailto:jelia33447@aol.com), Faxed to 716-298-4489 or mailed to 922 Upper Mountain Rd, Lewiston NY 14092.

| Checking Account Number                | Average 6 Month Balance | Interest Rate | Current Balance                   | Any Other Name On Account? Yes/No |
|--|-------------------------|---------------|-----------------------------------|-----------------------------------|
|  | \$                      | %             | \$                                |                                   |
|  | \$                      | %             | \$                                |                                   |
|  | \$                      | %             | \$                                |                                   |
| Savings Account Number                 | Current Balance         | Interest Rate | Any Other Name On Account? Yes/No |                                   |
|  | \$                      | %             | \$                                |                                   |
|  | \$                      | %             | \$                                |                                   |
|  | \$                      | %             | \$                                |                                   |
| Other Account (CD, Money Market, etc.) | Current Balance         | Interest Rate | Any Other Name On Account? Yes/No | Withdrawal Penalty                |
|  | \$                      | %             | \$                                |                                   |
|  | \$                      | %             | \$                                |                                   |

If Retirement investments are held, are withdrawals taken?  Yes  No  N/A

If yes, Amount\$ \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Phone

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

916 Upper Mountain Road, Lewiston NY 14092

**Fax:** 716-298-4489 **TTD:** 1-800-662-1220 **Web:** [www.SageManagementcorp.com](http://www.SageManagementcorp.com)

