

Centerville Housing Authority

CITY OF CENTERVILLE
130 E Main Street, PO Box 249
Centerville, Texas 75833
903-536-2378

ASSET VERIFICATION

VETERANS ADMINISTRATION, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, AND PUBLIC HOUSING AGENCIES

Request for Verification of Deposit

PRIVACY ACT NOTICE STATEMENT: This information is to be used by the agency collecting it in determining whether you qualify as a prospective tenant or mortgagor for mortgage insurance or guaranty as a borrower for rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective tenant or mortgagor for mortgage insurance or guaranty or as a borrower for rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 at seq., (if HUD/FA); and by 42 U.S.C., Section 145b (if HUD/CPD).

INSTRUCTIONS:

Public Housing Authority: Complete 1 – 8

* **Applicant:** Complete item 9. Forward directly to the Depository named in Item 1.

Depository: Complete items 10 through 15 and return directly to Public Housing Authority named in Item 2.

Part 1. Request *1

To (Name and Address of Depository Authority)

2. **FROM** (name and address of Public Housing Authority)

CENTERVILLE HOUSING AUTHORITY

130 N Main St. – PO Box 249

Centerville, Texas 75833-0249

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. _____
Signature of Lender or Official of Local Processing Age

5. _____

4. _____
Title

6. _____
Lender's Number (optional)

7. INFORMATION TO BE VERIFIED

TYPE OF ACCOUNT/OR LOAN	ACCOUNT/LOAN IN NAME OF	ACCOUNT / LOAN NO.	BALANCE

TO DEPOSITORY: I have applied for public housing and stated that the balance on deposit and/or outstanding loans, with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of applicant(s)

9. Signature(s) of Applicant(s)

_____	_____
_____	_____
_____	_____

To be completed by Depository

Part II – Verification of Depository

10. DEPOSIT ACCOUNT OF APPLICANT(S)

Type of Account	Number	Current Balance	Previous 2 Month	Average Balance	Date Opened

11. LOANS OUSTANDING TO APPLICANT(S)

LOAN NO.	DATE OF	ORIGINAL	CURRENT	INSTALLMENTS	SECURED	NO. OF LATE

Additional information may be of assistance in determination of credit worthiness: *(please include information on loans paid-in-full as listed from above box).*

Signature of Depository Official

Title

Date

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly through the applicant or any other party.

*** IF THIS INFORMATION DOES NOT PERTAIN TO YOU – MARK X THROUGH PAGE ***