



VERIFICATION OF ASSETS

Project Name/Address: _____

Applicant Name: _____

The San Diego Housing Commission is attempting to provide housing assistance to the person named above. In order to determine eligibility, we must verify income and/or assets.

We thank you for your cooperation in completing and returning this form within five (5) days so we can process the applicant's request. The applicant has authorized you to release any and all information by their signature below.

I understand that by signing below, I am authorizing release of the requested information to the San Diego Housing Commission. Authorization Attached

Applicant's Signature

Date

Social Security Number

FOR OFFICIAL USE

In lieu of completing this form, you may attach a computer printout.

Type of Asset _____
(i.e. Stocks, bonds, life insurance, etc...)

Current Monthly Dividend/Payment \$ _____ Interest Rate (if applicable) _____

Current Cash Surrender Value (if applicable) \$ _____

Date Dividend/Payment Terminated (if applicable) _____

To the best of my knowledge, I certify that the above information is true and complete.

Print Name & Title

Signature _____ Date _____

Agency Name

(_____) _____
Telephone Number

Address

City/State

Zip Code

YOUR ASSISTANCE IS APPRECIATED