HOUSING AUTHORITY OF MURRAY

Request for Verification of Deposit

	Applicant/Resident:		_
	Address:		_
	I hereby authorize the financial institution to release all information related to checking accounts, savings accounts, stocks, bonds, certificates of deposit, and other securities in my name or joint accounts. I understand that this information will be kept confidential. Please complete the applicable portion below and FAX to (270) 753-2073.		
	Applicant/Tenant Signature	Social Security Number	Date
Have your	IN LEIU OF TENANT SIGN	ATURE A RELEASE OF INFORI	MATION IS ATTACHED
bank fill	Charling Assount Information		
Have your bank fill this section out	Checking Account Information Account Number (last 4 digits)	Average 12 Month Balance \$	Interest Rate Earned%
	Savings Account Information		
		Current Balance \$	Interest Rate Earned%
	Certificates of Deposit		
		Current Balance \$	
		Current Balance \$	
	Account Number (last 4 digits)	Current Balance \$	Interest Rate Earned%
	Other Accounts		
	Account Number (last 4 digits)	Current Balance \$	Interest Rate Earned%
	Account Number (last 4 digits)	Current Balance \$	Interest Rate Earned%
	Financial Institution Information Name of Financial Institution	1	
	Address		
	Phone Number	Date	-
	Signature		
	My Signature certifies that I have no	n hanking relationships	Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.