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

IN LEIU OF TENANT SIGNATURE A RELEASE OF INFORMATION IS ATTACHED

Checking Account Information

Account Number (last 4 digits) _____ Average 12 Month Balance $_____ Interest Rate Earned ___%

Savings Account Information

Account Number (last 4 digits) _____ Current Balance $_____ Interest Rate Earned ___%

Certificates of Deposit

Account Number (last 4 digits) _____ Current Balance $_____ Interest Rate Earned ___%
Account Number (last 4 digits) _____ Current Balance $_____ Interest Rate Earned ___%
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 _____

Address _____

Phone Number _____ Date _____

Signature _____

My Signature certifies that I have no banking 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.