

Name of Bank _____ Re: _____

Address _____ SS# _____

The person listed above has indicated that he or she has assets in your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Project Management Agent

I hereby authorize the above Management Agent to make inquiries regarding my financial circumstances.

Signed _____ **Date** _____

Checking Account Balance _____ Rate of Interest _____

Average Balance for Previous 6 Months _____

Current Savings Account Balance _____ Rate of Interest _____

Certificates of Deposit # _____ Value _____ Interest Rate _____

Certificates of Deposit # _____ Value _____ Interest Rate _____

Certificates of Deposit # _____ Value _____ Interest Rate _____

Certificates of Deposit # _____ Value _____ Interest Rate _____

Money Market Certificate Value _____ Interest Rate _____

Other Accounts _____

Date _____

Signature of Authorized Representative _____

Phone _____

Title _____

PLEASE RETURN TO: