

TO: Name: _____	FROM: Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
RE: Name: _____ Address: _____	

The person listed above has indicated that he or she has an open account at the above named institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

IRA, Keogh, SEP Plan, etc.

Does the holder have access to the lump sum amount? Yes No

Type of Account _____

Cash Value*: \$ _____ Market Value: \$ _____

Is the tenant receiving periodic payments? Yes No If yes, what amount:\$ _____ Frequency _____

Is the retirement plan earning interest and/or dividends? Yes No

If yes, what amount \$ _____ Frequency _____

*Cash Value is the current value less the cost to turn the asset into cash.

Comments: _____

Signature of Authorized Representative _____

Title _____ Date _____

Phone _____ Fax _____