

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 bank. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Checking Account

<u>Account Number(s)</u>	<u>Average 6 Month Balance</u>	<u>Date Account Opened</u>	<u>Annual Interest Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Savings Accounts

Certificates of Deposit (CD)

Individual Retirement Account (IRA)

<u>Type of Account</u>	<u>Account Number(s)</u>	<u>Account Balances</u>	<u>Present Interest Rate</u>	<u>Annual Withdrawal Penalty</u>	<u>Date Account Opened</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_