



## ASSET VERIFICATION

### Request for Verification of Deposit

The individual named below is an applicant/participant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**Gainesville Housing Authority:** Complete Items 1 through 8. **Applicant:** complete item 9. **Depository:** Please complete items 10 through 13 and return **DIRECTLY** to Gainesville Housing Authority.

#### Part 1. Request

1. TO (Name and Address of Depository)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. FROM:

**GAINESVILLE HOUSING AUTHORITY**

**P.O. BOX 1359**

**GAINESVILLE, TEXAS 76241**

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. \_\_\_\_\_  
Signature of GHA Official

5. \_\_\_\_\_  
Date

4. \_\_\_\_\_  
Title

6. \_\_\_\_\_  
Phone Number

#### 7. INFORMATION TO BE VERIFIED:

Type Of Account	Account Number	Balance	Names On Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**TO DEPOSITORY:** I have applied for housing assistance and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply GAINESVILLE HOUSING AUTHORITY with the information requested in Items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address Of Applicant(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Signature(s) of Applicant(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To be Completed by Depository  
**Part II – Verification of Depository**

10. DEPOSIT ACCOUNTS OF APPLICANT(S)

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE PREVIOUS 6 MTHS	DATE ACCOUNT OPENED	ANNUAL INTEREST RATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. \_\_\_\_\_  
 Signature of Depository Official

12. \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

13. \_\_\_\_\_  
 Phone Number

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.

**PLEASE RETURN COMPLETED FORM TO GAINESVILLE HOUSING AUTHORITY.**

P.O. Box 1359                      FAX: 940.665.2192  
 Gainesville, TX 76241

FOR OFFICE USE ONLY:					
METHOD OF VERIFICATION:	FAX _____	MAIL _____	HAND DELIVER _____	DATE: _____	
SECOND REQUEST	FAX _____	MAIL _____	HAND DELIVER _____	DATE: _____	
COMMENTS:					
GHA FORM: ASSET VERIFICATION: 2/2017					