



Head of Household Name: _____

Head of Household SS#: _____

REQUEST for VERIFICATION of DEPOSIT

The undersigned applicant has applied for a rental unit in an apartment project financed under the Washington State Housing Finance Commission (WSHFC). WSHFC requires the housing owner to verify all information that is used in determining this person's eligibility.

The applicant/resident has consented to this release of information as evidenced by his/her signature below.

Parts II & III to be completed by depository. The form is not to be transmitted through the applicant(s) or any other party.

Part I- Request

To (Name and Address of Depository)		Requestor (Name and Address of Project)	
		FAX: (206) 615-3308	
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.			
Signature of Requestor	Title	Date	Phone #
Verify			
Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
Name and Address of Household Member		Signature of Household Member	

		Social Security Number	

TO BE COMPLETED BY DEPOSITORY

Part II - Verification of Depository

Deposit Accounts of Household Member(s)				
Type of Account	Account Number	Current Balance	Average Balance for Previous 6 Months	Interest Rate
		\$	\$	
		\$	\$	
		\$	\$	

Part III - Authorized Signature

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.		
Signature of Representative	Title	Date
_____	_____	_____
Print Name	Phone #	
_____	_____	