



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**

<b>To (Name and Address of Depository)</b>		<b>Requestor (Name and Address of Project)</b>	
		<b>FAX: (206) 256-7026</b>	
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.			
<b>Signature of Requestor</b>	<b>Title</b>	<b>Date</b>	<b>Phone #</b>
<b>Verify</b>			
<b>Type of Account</b>	<b>Account in Name of</b>	<b>Account Number</b>	<b>Balance</b>
			\$
			\$
			\$
<b>Name and Address of Household Member</b>		<b>Signature of Household Member</b>	
		_____	
		<b>Social Security Number</b>	
		_____	

**TO BE COMPLETED BY DEPOSITORY**

**Part II - Verification of Depository**

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

**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.		
<b>Signature of Representative</b>	<b>Title</b>	<b>Date</b>
_____	_____	_____
<b>Print Name</b>	<b>Phone #</b>	
_____	_____	