ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the HOME program.

_____
Applicant/Tenant Signature

_____
Printed Name of Applicant/Tenant

_____ _____
Date Social Security #

Return Form to:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

The above-named individual is currently residing in housing that requires verification of all assets and any income he/she earns from the assets. Please provide the information requested below:

Asset Type	Account Number	Asset Value *	Interest Rate	Annual Income From Asset
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____

Financial Institution: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

资产验证

本部分由管理层填写，并由申请人/租户签署

本验证文件为以下社区中签署人住房资格申请的一部分：

项目名称：_____ 单元号（如已分配）：_____

建筑地址：_____

本人签字授权披露以下要求的信息，以根据 HOME 计划的要求确定我是否符合租赁资格。

_____
申请人/租户签字

_____
申请人/租户打印姓名

_____ _____
日期 社会保障号

将表格交回至：

本部分由金融机构填写

上述提及的个人目前居住在需要验证其所有资产及其从资产中获得任何收入的住房中。请提供以下要求的信息：

资产类型	账号	资产价值*	利率	资产产生的年收入
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

*请提供所列活期存款账户的过去**6个月平均**余额，以及储蓄账户的**当前**余额。

本人特此证明，本部分提供的信息据本人所知是真实且完整的。

签名：_____ 日期：_____

打印姓名：_____ 电话：_____

职务：_____

金融机构：_____

注意：依据《美国法典》第 18 编第 1001 条，就美国联邦政府任何部门或机构管辖范围内之事项，故意做出虚假陈述或失实陈述即构成刑事犯罪。

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov