

ANNUITY VERIFICATION

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

The property owner/managing agent must mail, fax or e-mail this form directly to the verifier.

| Name & Mailing Address of Insurance/Brokerage Firm | | Name & Mailing Address of Owner/Agent | |
|--|---|---------------------------------------|-------------------------|
| To: | _____ | From: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Fax #: | _____ | Fax #: | _____ |
| E-Mail: | _____ | E-Mail: | _____ |
| Re: | _____ | _____ | XXX - XX - _____ |
| | Printed Name of Applicant/Resident | Unit # (if assigned) | Last Four Digits of SS# |

I hereby authorize the release of my income and asset information requested below.

Signature of Applicant/Resident

Date of Signature

THIS SECTION TO BE COMPLETED BY INSURANCE/BROKERAGE FIRM

The above-named individual has applied for or is currently residing in rental housing in a community that was developed under the Low Income Housing Tax Credit (LIHTC) and /or HOME programs. Provisions of the programs require verification of all income and assets. The information you provide will remain confidential and only be used for the purpose of determining the above-named individual's program eligibility. Please provide the information requested below:

Type of Annuity: Fixed Variable Hybrid Immediate Life Other _____

Date Annuity Issued: _____ Is the individual listed above the sole annuity holder? Yes No

Current Balance: \$ _____ Does the holder have access to the balance of the annuity? Yes No

Earning rate of interest: Fixed @ % _____ Variable @ % _____ (list most recent 6 month average rate)

Early withdrawal or surrender fees: \$ _____ or % _____ Tax Penalty: % _____ Other: _____

Does the holder of this annuity receive regular periodic payments from this annuity? Yes No

If yes, list GROSS amount of each payment: \$ _____ per Month Quarter Other _____

Any expected payment changes (increase, decrease, expiration) to occur during the next 12 months? Yes No

If yes, please explain: _____

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

Printed Name of Agent/Verifier

Signature of Agent/Verifier

Date of Signature

Title of Agent/Verifier

Phone Number

Fax Number

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.