

310 N. Sixth Street DeKalb, IL 60115 Phone: 815-758-2692 Fax: 815-758-4190 www.dekcohousing.com

ASSET INFORMATION

Authorization to Release

IMMEDIATE RESPONSE NEEDED

They have sign	ed individual is an applic ned this form or an attac mation necessary to ver	hed release that pro	vides your ii				
Name:			SSN#:				
Signature:				Date:			
FOR THE	INSTITUTION (OF:					
including checki currently being p	he following information reng, savings, money marke baid on the account(s). If the terest Rate column. Pleas	t, C.D.'s, I.R.A.'s, 4011 he account is non-inte	k, etc). Pleas rest bearing,	e include the p please indicate	percentage of interest this with a "0" (zero	st o)	
Joint Account? (Circle One)	Account Number	Account Type (Checking, savings, Certificate of Deposit, IRA, etc.)	Date Opened	Date Closed if applicable	Checking-Avg. 6- month Balance. Savings/CD/IRA- Current Balance	Current Interest Rate	
Yes / No							
Yes / No							
Yes / No							
Yes / No							
Name of Bank	(s) exist, please provide	·		Phone			
Email:			Fax:				
	We ap	preciate your p	rompt re	sponse!			
Chelsea Bemis HCV Administrator 815-758-2692 x. 125 cbemis@dekcohousing.com Abby Adams [A-L & EHV] HCV Case Manager 815-758-2692 x. 126 aadams@dekcohousing.com			ky Moreland [N missions Mana 5-758-2692 x. 1 oreland@dekc	ger 127	☐ Katy Kingren Rent Specialist & Portability 815-758-2692 x. 130 kkingren@dekcohousing.co		
Susan Capps [PH-SPC] PH & SPC Case Manager 815-758-2692 x. 131 scapps@dekcohousing.com Diana Carr Admissions Manager 815-758-2692 x. 129 dcarr@dekcohousing.com		anager Adı x. 129 815	Annette Trevino Admissions Assistant 815-758-2692 x. 128 atrevino@dekcohousing.com		Attempt #1 Attempt #2 Attempt #3		