



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

The below listed individual is an applicant or program participant with a federally funded housing program. They have signed this form or an attached release that provides your institution the permission to release the asset information necessary to verify their financial standing.

Name: _____ SSN#: _____

Signature: _____ Date: _____

FOR THE INSTITUTION OF: _____

Please provide the following information requested below for **all accounts** the above-signed individual may hold, including checking, savings, money market, C.D.'s, I.R.A.'s, 401k, etc). Please include the percentage of interest currently being paid on the account(s). If the account is non-interest bearing, please indicate this with a "0" (zero) in the Current Interest Rate column. Please designate your name and title clearly. Thank you in advance for your assistance.

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						

If joint account(s) exist, please provide name of joint account holder(s): _____

Name of Bank Contact : _____ Phone _____

Email: _____ Fax: _____

We appreciate your prompt response!

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 Recert Specialist & Portability
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 PH & SPC Case Manager
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Attempt #1 _____
Attempt #2 _____
Attempt #3 _____
Note: