

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 sig	ted individual is an application and this form or an attact rmation necessary to veri	hed release that pro	vides your ir			
Name:			SSN#:			
Signature:		Date:				
FOR THE	INSTITUTION C)F:				
including check currently being	the following information re king, savings, money marke paid on the account(s). If t nterest Rate column. Please	t, C.D.'s, I.R.A.'s, 401 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						
	nt(s) exist, please provide	·				
Email: Fax: Fax:						
We appreciate your prompt response!						
Chelsea Bemis HCV Administrator 815-758-2692 x. 125 cbemis@dekcohousing.com Abby Adams [A-L & E HCV Case Manager 815-758-2692 x. 126 aadams@dekcohousing.com		nager Adı x. 126 815	ky Moreland [N missions Mana 5-758-2692 x. 1 oreland@dekc	ger 27	☐ Katy Kingren Rent Specialist & Portability 815-758-2692 x. 130 kkingren@dekcohousing.com	
Susan Capps [PH PH & SPC Case M 815-758-2692 x. 1 scapps@dekcohou	Manager Admissions Ma 31 815-758-2692	anager Adı x. 129 815	nette Trevino missions Assist 5-758-2692 x. 1 evino@dekcoho	28	Attempt #1 Attempt #2 Attempt #3	