



M-19B Verification of Assets

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant's Name Name of Banking Institution

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

<u>Checking Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Savings Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Money Market Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Cert of Deposit Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	
<u>Retirement Savings (IRS, Keogh, 401(k))</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	

If the "6 month average" requested above is unavailable, explain why (i.e. account open for four months, system only allows for three month averages, etc...) _____

Additional remarks: _____

Authorized Signature _____ Printed Name _____ Date _____

Title _____ Address _____

Phone # _____ Fax # _____ E-mail _____

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.