THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON

HOUSING CHOICE VOUCHER OFFICE

550 MEETING STREET CHARLESTON, SC 29403

Telephone (843) 723-4491

Fax (843) 720-5349 TDD (843) 720-3685

BANKING VERIFICATION

Name:				
Address of Bank:				
RE:	SSN:			
Applicant N	ame			
Applicant Address	City, State		Zip Code	
Urban Development. Fede income, expenses, and oth requested information. eligibility for the program appreciate your prompt resquestion	is an applicant for housing assistance ral regulations require that in order er information related to eligibility. The information you provide will be m. We are required to complete our sponse. A self-addressed envelope has, please feel free to contact our off	for the family to be elige. The individual has authoused only for the purpowerification process in the been included for year.	gible, we must verify the family's norized below your release of the ose of determining the family's a short time period and would our convenience. If you have any	
Sincerely,				
Housing Choice Voucher Spe	cialist			
ı,	hereby authorize	to release the	e information requested below.	
 Signature		Date		
TO BE COMPLETED BY CHECKING ACCOUNT Account Number(s)	INSTITUTION: 	Avera	ge Monthly Balance(s)	
	 ecking account?	yes, interest rate	%	
SAVINGS ACCOUNT Account Number(s)	Present Account Ba	lance(s)	Annual Interest Rate	ó
CERTIFICATE OF DEPOSIT Deposit Number(s)	Present Value	(s)	Annual Interest Rate	
PROPERTY Value of Equity Real Property	ne to be earned by Trust over the ne	xt 12 months	\$\$ \$\$	
i ceruiy inai the above info	rmation is true and correct:			
Name & Title of Official		ature of Official & Date	2	

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

