



LIFE INSURANCE VERIFICATION



Send To: _____

Applicant/Tenant/: _____ Unit # _____
Social Security #: _____ Policy #: _____
Property Name: _____
Address: _____

Pursuant to federal regulations, we are required to verify all income/assets of person(s) seeking or continuing residency in an apartment governed by the Low-Income Tax Credit Program under Section 42 of the Internal Revenue Code. This information will only be used for the determination of residency eligibility under this Program. Please complete the following information and return as soon as possible via FAX or mail in the enclosed self-addressed envelope provided. Your prompt attention and return of this information will be appreciated. (Comments: Should Net Asset Value prove less than \$0, consider asset to have \$0 value).

I hereby authorize release of my life insurance information: _____
(Tenant Signature) (Date)

TO BE COMPLETED BY INSURANCE COMPANY:

Policy Account #	Cash Surrender Value	Dividend Interest Rate* (N/A if no interest)
# _____	\$ _____	_____ %
# _____	\$ _____	_____ %
# _____	\$ _____	_____ %
# _____	\$ _____	_____ %

***Provide amount regardless of whether individual has chosen to re-invest interest/dividends.**

Balance of any outstanding loans against policy/policies: \$ _____

Penalty fee or % of Cash Surrender Value charged to cash in each policy: \$ _____ % _____

NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = \$ _____

AUTHORIZED SIGNATURE OF PERSON SUPPLYING INFORMATION

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

****OFFICE USE ONLY****

Date Sent: _____ By: _____

Date Returned: _____

Comments: _____

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