

VERIFICATION OF RESOURCES

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household	Account Holder Name:	Account Holder Social Security No.:
Account Holder Address:	City, State, ZIP Code:	County:

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.
By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

_____ Signature of Account Holder _____ Date Signed

STOP HERE Please complete Section A and return to address below.

SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name:	Phone:	
Bank Address:	FAX:	
City:	State:	ZIP Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) Checking Only	Interest Rate %	Early Withdrawal Penalty Amount
Checking							

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

_____ Bank or Financial Institution Signature _____ Date Signed

_____ Typed or printed name of person filling out this form _____ Typed or printed title of person filling out this form

MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	Percentage Rate	Annual Income
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____ (Minus Penalty = Cash Value)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	

Return completed form to:

Schoolcraft County EDC
321 Deer Street
Manistique, MI 49854
Phone (906) 341-5126
Fax (906) 341-5555

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).