



ENCINITAS HOUSING AUTHORITY

Date: _____

RE: _____

Address: _____

SSN: _____

Account # 1: _____

Account # 2: _____

Account # 3: _____

Account #4: _____

Bank Officials:

We are required by law to verify the income and/or assets of all family members participating or applying for admission to the Section 8 Housing Assistance Payments Program, and to reexamine annually the income of tenant families.

To comply with this requirement, we ask your cooperation in supplying information regarding the income of the person(s) listed above. This information will be held in confidence for use only in determining housing assistance eligibility.

Thank you for your cooperation.

I hereby authorize the release of information.
SEE ATTACHED AUTHORIZATION ☐

Housing Representative

Signature

Date

*****BELOW PORTION IS FOR BANK USE ONLY*****

Account	Type of Account	Interest Rate	Current Balance	Avg. for last six months – Checking
#1				
#2				
#3				
#4				

Stocks _____

Bonds _____

Certificates of Deposit _____

\$ _____ @ _____ % maturing date _____ Year-to-date earned \$ _____

\$ _____ @ _____ % maturing date _____ Year-to-date earned \$ _____

Signature: _____ **Date:** _____

Title: _____ **Telephone Number:** _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.