

LIFE INSURANCE VERIFICATION

(Whole Life or Universal Life Policies Only)

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

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 asset information: _____
(Tenant signature)

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

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____