Life Insurance Verification

To: Name	From:	Name _	
Address	_	Address _	
	_	_	
Email	_	Email _	
Phone			
Fax			
	-	1 d A	
Re: Name		Address _	
Last 4 Digits of SS #		_	
Release: I hereby authorize the release of the requested information. Info	ormation obtair	ed under this	s consent is limited to information that is no older than
12 months.			
Applicant/Tenant		Date	e
You do not have to sign this form if either the requesting organiza	tion or the or	ganization s	upplying the information is left blank.
The individual named above has applied for tenancy or is currently residi	ing in a commu	nity that was	developed under the U.S. Department of Housing and
Urban Development, U.S. Department of Agriculture (Rural Housing) or S	ection 42 of the	IRS code whi	ch is administered by the State. Federal regulations
require the housing owner to annually verify the household's income an			
used only for the purpose of determining the household's eligibility for the verification process in a short time period and would appreciate your pro-			
have any questions, please feel free to contact our office. Thank you for y			and the child of tax humber as it appears above. If you

Information Being Requested:

Type of Life Insurance: Whole Life, Universal Life, Term, Other (please explain)

Housing Finance Agency

<u>Type of Account</u>	Type of AccountAccount Number(s)Surrender (Cash) And		<u>mount</u> <u>Annual Dividend or Interest</u>		
Signature		Date			
Name / Title of Person Supplying Inforr	nation	Organization			
Phone #	Fax #	Email Address			
Inder penalties of periury I certify that the	ne information provided herein is true an	d accurate to the best of my knowledge. T	he undersigned further understands that		

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

