

Trust Account Verification

To: Name		Fron	n: Name _		
Address			Address _		
			-		
Email					
Phone					
Fax			Fax _		
Re: Name			Address _		
Last 4 Digits of SS #			-		
Release: I hereby authorize the release of the rele	equested informat	cion. Information obta	nined under this	s consent is limited to information	that is no older than
pplicant/Tenant			Dat	re	
ou do not have to sign this form if either t	the requesting o	rganization or the o	organization s	upplying the information is lef	t blank.
	would appreciate your office. Thank y	your prompt response	e. Return this fo on.	rm via email or fax number as it a	
nformation Being Requested:					
rust Account ID#:		Date Est	tablished:		
s applicant the grantor or the beneficiary?	O Grantor	 Beneficiary 			
Vhat type of trust is this?	O Revocable	O Irrevocable			
Current Principal Value of the Trust:			\$		_
he Amount Anticipated To Be Paid Out In the Next 12 Months:			\$		_
low often is this amount being paid? (i.e. wee	ekly, monthly, etc.)				_
s this trust in the control of the household (ca	an they cash it in?)	O YES (go to #1 be	low) O I	(go to #2 on second page)	
 If above is "YES," is the household rec NO (if "no" sign form on s 			low, sign form)		
A. Amount of distributions:			\$		
B. Amount of distributions that is fi	rom the principal o	or corpus of the trust:	\$		_
C. Amount of distributions that are	distributions of in	come from the trust:	\$		(B+C should = A)
D. Amount of distributions that are	used to pay the co	osts of health and	\$		





Trust Account Verification

2.	Market value of the trust:		\$	_
	Cash value of the trust:		\$	
	Amount of income earned annually b	y the trust (whether distributed or not):	\$	_
Signatur	e		Date	
Name / 1	Fitle of Person Supplying Information		Organization	
Phone #			Fmail Address	

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.



